

“I’M BETTER NOW:” SEXUAL OFFENDER NARRATIVES OF MORAL HABILITATION

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By

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ABSTRACT

Moral habilitation is the intentional and directed shaping of a new subjectivity in accordance with a culturally sanctioned, pro-social standard of daily ethical conduct. Treatment programs for sexual offenders are enterprises in moral habilitation that involve instilling participants with new values, beliefs, and practices. This research represents a person-centred ethnography that combined concepts of morality, stigma, selfhood, and agency with the treatment and community (re)integration of sexual offenders to learn how some of these men narrated their transformations from dysfunction to a state of self-regulation and greater wellbeing. To this end, 18 men of Euro-Canadian or Aboriginal ancestry living in western Canada were interviewed about their experiences in sexual offender treatment programs, their transitions from prison to community life, and their changing self-concepts. In this transition, participants described their motivations to change as derived from their experiences of (a) a stigmatized, unfulfilling life, (b) the desire for a better or “normal” life, (c) social supports, and (d) a determined and willful mindset. They adopted multiple narrative strategies to protect their self-concepts while the progression of time and ethical self-reformation facilitated a transition from shame and self-doubt to self-acceptance. Through this research, I propose a model of Ethical Self-Reformation (ESR) that combines the institutional morality of treatment programs with stigmatizing public moral discourses to individuals’ enactments of agency, will, and motivation to sustain what is in effect amoral enterprise. Moral habilitation is conceptualized as the internalized, automatic responses of an embodied morality as practiced through the ESR model. This research concludes that sexual offender treatment programs can effectively lead to moral habilitation if the offender is willing to submit to the process; but it also advises that programs need to be more individualized if treatment responsiveness is to be enhanced.

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LIST OF ABBREVIATIONS

Circle of Support and Accountability	COSA
Ethical Self-Reformation Model	ESR
Good Lives Model	GLM
Risk-Need-Responsivity Model	RNR
Self-Determination Theory	SDT
Sexual Offender Treatment Program	SOTP

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CHAPTER 1: INTRODUCTION

1.1 Sexual Offenders and Society

In recent decades, societal discourses of sexual assault, sexual abuse, pedophilia, child pornography, sexual exploitation, and other forms of sex crime have increased significantly in their prevalence, enough to constitute a moral panic (Greer, 2003; Jenkins, 1998; Soothill & Walby, 1991). These discourses often focus on the most serious crimes committed by a minority of repeat offenders, creating the public perception that sexual offenders are untreatable and will always pose a threat to society. This is not to say that crimes such as sexual assault, sexual exploitation, and child pornography are not tremendously damaging and serious problems; but rather, the public's general knowledge of the prevalence of these crimes along with the treatment and habilitation of the perpetrators is fraught with distortions, inaccuracies, and controversies (Roberts, 2002; Shilling, 2006). While society on the whole has a fascination with sexual deviance and offending behaviours, as evidenced by the plethora of crime shows in the entertainment media, public discourses stigmatize sexual offenders and promote their social abjection, that is, the casting out of that which is spoiled or detritus. The power of abjection is in its ability to fascinate while at the same time revile (Kristeva, 1982). As individuals with stigmatized, spoiled identities (Goffman, 1963), sexual offenders are the abject that society loves to hate; and yet they must live among us. When individuals have served their time following a sexual conviction, they inevitably return to the community where they must learn to rebuild their lives.

Sexual offender treatment programs (SOTPs) are supposed to morally habilitate the people who participate in them so that they can manage their behaviour and avoid reoffending to become law-abiding citizens. Habilitation is not “rehabilitation,” the restoration of an individual to a previously normal or healthy state. Rather, habilitation refers to the transformation toward a new healthy or normal state. Moral habilitation identifies the individual’s behaviour and shortfalls in virtue, as defined by society, as the target for change. Recidivism studies (i.e. Beech & Ford, 2006; Hanson, Bourgon, Helmus, & Hodgson, 2009; Nicholaichuk, Gordon, Gu, & Wong, 2000) suggest that in many cases treatment does achieve these goals. Most men convicted of a sexual offence do not recidivate so it appears that habilitation is successful. However, the transformation from completing treatment to successfully integrating in the community is not always smooth. Society does not generally accept treated sexual offenders as transformed individuals and they are often stigmatized, ostracized, and treated with distrust. Understandably, this distrust is warranted because a small but significant percentage of treated sexual offenders, between 11 to 15 percent, will go on to reoffend (Hanson et al., 2009; Nicholaichuk et al., 2000). Why do some men find themselves committing new offences after treatment while others are more successful at implementing permanent life changes? What is the wherewithal that enables the agentic self-transformation from sexual deviant to responsible citizen? Does the gravity or horror with which society views their crimes dictate an immediacy of change that is unrealistic? Is the expectation for them to change too much, too fast? Furthermore, to what extent does society bear responsibility for an offender’s successes and failures, if at all?

Even with relatively low recidivism rates, it is still important to ask why some men find it easier to take treatment lessons and apply them in community life than others. As they go through the treatment process, what parts of it, if any, do men take in and use? We have some

idea of how participants perceive and react to treatment programs (i.e. Auburn & Lea, 2003; Levenson, Macgowan, Morin, & Cotter, 2009; MacMartin & LeBaron, 2006; Reimer & Mathieu, 2006; Waldram, 2007, 2008, 2012), but experiential studies of sexual offenders as mandatory consumers of these programs are largely absent. We know that treatment does play a role in preventing recidivism in the majority of men who complete it; but as for how they apply these lessons in the community after institutional release and parole/probation, little is understood. What is it about the person who can successfully habilitate and integrate that separates him from the one who cannot seem to do the same? Assuming that recidivism can be prevented through a concerted progression of self-improvement, how do men convicted of a sexual offence take these steps? What role does treatment play in this agentic process of individual growth?

An even greater lacuna exists for research that studies the effect of stigma on offenders' habilitation processes following institutional release. The image of the amoral, psychopathic sexual offender is a common but inaccurate stereotype (Gavin, 2005; Greer, 2003; Jenkins, 1998; Lancaster, 2011; Soothill & Walby, 1991). Men who have committed sexual offences frequently experience intense shame and guilt over their actions (Proeve & Howells, 2006). Not only are they made abject by society, but they also may experience self-abjection in viewing themselves as worthless or loathsome (Victor & Waldram, 2009). While the stigmatization and ostracism of individuals labeled as sexual offenders makes the process of community (re)integration more difficult, particularly with finding housing, employment, and support networks (Levenson & Cotter, 2005; Zevitz & Farkas, 2000), there is little known about how these experiences influence one's sense of self. Self-esteem, self-confidence, and positive sense of identity are all important to sexual offenders' beliefs in their capacities to change and become more "pro-social" people according to societal standards (Marshall, Fernandez, Serran, Mulloy, Thornton, Mann,

Anderson, 2003; Marshall, Ward, Mann, Moulden, Fernandez, Serran, & Marshall, 2005; Ward & Stewart, 2003). Consequently, it is imperative that research investigates how ostracism and social abjection may degrade offenders' selfhood in ways that impinge on their development of pro-social lifestyles and their experiences of failed or successful community (re)integration.

The main question posed in this research is: "How do men convicted of sexual offences narrate their transition from dysfunction to a place of enhanced wellbeing?" I focus on men's transitions from sexual offender treatment programs, through their community (re)integration processes, and ending for most participants at the point where they self-identify as maintaining an offence-free lifestyle back in mainstream society. In this research, I bring together concepts that have not been sufficiently connected to the habilitation of sexual offenders – stigma, agency, and morality – to explain how the desire to become a better person is experienced by even the most abject of society. Furthermore, I introduce an experiential perspective of men's motivations to engage in treatment, their perceptions of treatment, and the struggle to remake their lives when eventually returned to their communities. Forensic psychology has a tendency to dismiss these viewpoints, an issue that I discuss shortly, but criminology and narrative psychology have undertaken studies of the experiential aspects of criminal treatment and management. This state of affairs is unfortunate because to ignore the subjective experiences of men who sexually offend is to assume that they do not hold a stake in their own wellbeing and cannot contribute more substantially to the research that is investigating their own habilitation.

1.2 The Forensic Psychological Approach to Sexual Offender Management

1.2.1 Sexual Offender Treatment Programs

Research on sexual offending behaviours and their treatment is dominated by forensic psychology, which has significantly advanced how we assess, treat, and manage sexual

offenders. Canada has been a world leader in the development of advanced forensic research and high quality, effective SOTPs. In Canada, SOTPs are split into three groups or tiers based upon the intensity and duration of the program (Marshall, 1999; Olver & Wong, 2013). The first tier represents high intensity programs that typically involve daily programming over a period of six or more months. These programs often take place within specialized psychiatric institutions where offenders go for the express purpose of treatment, although government restructuring has shifted more of these high intensity programs so that they take place within offenders' "home" institutions. Second tier programs are of moderate intensity and involve the inmate attending up to three sessions a week for a period of four months on average within their "home" institution. Third tier programs are community-based treatment and maintenance groups that usually meet once a week for the duration that an offender is on parole or probation.

Contemporary treatment for sexual offenders relies predominantly upon cognitive behavioural therapy (CBT), which is a short-term therapeutic approach geared to helping individuals recognize their thoughts and the behaviours that follow from those thinking patterns (Schaffer, Jeglic, Moster, & Wnuk, 2010; Witt, Greenfield, & Hiscox, 2008). Intervention occurs by getting clients to change the way they think, thus assuming that changes in behaviour will follow. The content of SOTPs focuses on two areas: offence-specific and offence-related factors (Marshall, 1996, 1999; Schaffer et al., 2010). Offence-specific factors are those that relate directly to an individual's sexual offence and are targeted in treatment for all participants. These factors include denial and minimization, cognitive distortions, victim empathy, pro-offending attitudes, crime cycle, relapse prevention, and deviant fantasies. Offence-related factors are those that may have contributed to an offence but are not necessarily problems for all treatment participants. Examples of offence-related factors include difficulty managing anger and other

emotions, deficits in social skills or problem solving abilities, and substance abuse. Of these targets, relapse prevention is a central feature in treatment (Pithers, Marques, Gibat, & Marlatt, 1983; Polaschek, 2003; Shaffer et al., 2010; Ward & Hudson, 1996). Relapse prevention is a collection of practices that instruct individuals to recognize and avoid situations that have been determined through assessment procedures to be high risk for the individual to reoffend, should he encounter the situation in his day-to-day life.

The most broadly accepted framework for SOTPs is identified as a Risk-Need-Responsivity (RNR) model, which is premised on the knowledge that the propensity to reoffend can be mitigated by targeting offenders' criminogenic needs – the cognitive, affective, behavioural, and interpersonal factors that are associated with sexual offending behaviours – in a manner that matches individuals' specific learning styles (Andrews & Bonta, 1998; Andrews, Bonta, & Wormith, 2011). The goal of the RNR model is to reduce sexual reoffending by teaching offenders to recognize their offence patterns and institute proactive measures to prevent completion of their crime cycle. To this end, assessment tools are first used to identify offenders' risk factors, which then help treatment staff to focus in on which areas of treatment the offender might need, and then provide services in a way to which they are more likely to respond.

The determination of risk and need are accomplished through actuarial measures of assessment (i.e. statistically calculated predictions) that are based upon static and dynamic risk factors that determine how likely offenders are to reoffend (Andrews & Bonta, 1998; Marshall, Fernandez, Marshall, & Seran, 2006). Static risk factors are characteristics that the offender cannot change, such as age of first offence, prior offences, current age, marital status and childhood experiences; dynamic risk factors may include problems with intimacy, self-regulation, substance abuse, and criminogenic attitudes or beliefs, which are all theoretically

amenable to change, and thereby potential targets for treatment intervention (Hanson, 2006; Marshall, 1996, 1999; Shaffer et al., 2010). Dynamic risk factors can be further differentiated into those that are acute – substance abuse, negative mood, anger, and victim access – and those that are stable: attitudes of tolerance toward sexual offending, socio-affective or intimacy deficits, difficulties with sexual and non-sexual self-regulation, and negative social influences (Hanson & Harris, 2001; Harkins & Beech, 2007). In the treatment context, these dynamic risk factors become criminogenic needs that are targets for intervention via treatment programming (Andrews, Bonta, & Hoge, 1990) and thus the primary foci of manipulation in moral habilitation. Generally speaking, offenders who are determined to be at the higher levels of recidivism risk are indicated for more intensive treatment programming (Andrews et al., 1990).

Responsivity, the third principle of the RNR model, is a concept used in forensic psychology that identifies the degree to which an offender responds to a treatment program or activity. The responsivity principle brings attention to factors unique to the individual that can hinder offenders' meaningful responses to treatment lessons. As it is currently conceptualized, responsivity is a collection of categorical variables that are used to describe individuals' receptivity for, and behaviour within, treatment. General factors hypothesized to influence responsivity include: cognitive level of functioning, learning style, verbal and interpersonal skills, motivation, anxiety level during group sessions, presence of personality or other mental disorders, and ethnicity or culture (Andrews et al., 1990; Beyko & Wong, 2005; Looman et al., 2005; Olver & Wong, 2013). So far, the investigation of treatment responsivity has received less attention than it deserves, particularly with regard to treatment motivation (Looman, Dickie, & Abracen, 2005; Ward & Stewart, 2003), although that may be beginning to change (eg. Willis, Yates, Gannon, & Ward, 2013; Wilson, Kilgour, & Polaschek, 2013). In the research literature,

responsivity is not clearly articulated beyond offender characteristics and the treatment environment, which leaves one to question how responsivity can be understood as a process occurring within a dynamic, agentic person who is situated within a particular social and cultural context. As it stands, responsivity is theoretically underdeveloped and needs to be expanded to account for social and cultural forces that inform offenders' habilitation processes. Part of this expansion should involve the investigation of experiential treatment processes on individual outcomes.

The efficacy of the RNR model has been well established (Andrews et al., 2011; Hanson et al., 2009; Olver & Wong, 2013), but it has also been criticized as taking a limited focus on human development and humanistic avenues of therapy. In particular, a collection of researchers from New Zealand (Ward, Collie, & Bourke, 2009; Ward, Gannon, & Birgden, 2007; Ward, Melser, & Yates, 2007) have critiqued the RNR model for: (a) disregarding aspects of narrative identity and individual agency, (b) minimizing the human impetus to seek a fulfilling life, (c) neglecting offenders' non-criminogenic needs, (d) uniformity that limits consideration of individual needs and concerns, and (e) being too focused on psychometrics. Authors and proponents of the RNR model have responded to these criticisms indicating that RNR does take individual and non-criminogenic needs along with life fulfillment into account during the therapeutic process, but it places criminogenic needs in the forefront since it is these factors that most predict decreased recidivism (Andrews et al., 2011).

The RNR model has been described as a deficit approach, for it emphasizes offenders' weaknesses in order to target and strengthen the individuals' skills in that area. In attempting to fulfill this goal, treatment focuses on a pre-determined set of "needs" that have been derived from a range of assessment tools. SOTPs that are based upon this program format train offenders

to identify potentially high-risk situations. This approach emphasizes avoidance goals, which are generally considered to be less effective for inducing behavioural change than approach goals that encourage individuals to focus on approved activities (Janoff-Bulman, 2012). The RNR model appears to take for granted that offenders lack both cognizance of their problems and certain skills to deal with them. It does not approach the individual as an integrated whole, only as “disembodied bearers of risk” (Ward & Stewart, 2003, p. 354). As a consequence, the lessons of treatment are also disembodied, reflecting the compartmentalized paradigm of forensic psychology.

The same group of researchers who have critiqued the RNR model have developed the Good Lives Model (GLM) of offender (re)habilitation that they argue could be used to further enhance the RNR model (Ward et al., 2009; Ward et al., 2007). The Good Lives Model (GLM) is a strength-based approach that guides offenders to individually consider what constitutes a “good life” for them and to transform those images into realistic goals (Ward, 2002; Ward & Gannon, 2006). Specific to sexual offender treatment, the GLM makes the point that habilitation should emphasize offenders’ abilities to obtain the primary goods that comprise their conceptions of what a good life entails. Defined, “primary human goods are states of affairs, states of mind, personal characteristics, activities, or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved” (Ward & Gannon, 2006, p. 79). These may include: good health, adequate functioning, knowledge, competence and mastery in work and play, autonomy and self-determination, inner peace and freedom from stress, companionship, sense of belonging, spiritual meaning, happiness, and creativity. Secondary goods, such as relationships, satisfying work, and leisure activities, are the means to obtain

primary goods. Unlike the proscriptive avoidance goals emphasized in the RNR model, primary goods represent approach goals that keep offenders looking forward to a self-defined future.

The GLM appears to have gained force in correctional practices as a reminder that sexual offenders should still be treated with the same ethical regard as other recipients of psychotherapy. There is a developing trend in forensic treatment to emphasize a positive psychological perspective that promotes treatment participants' goals, desires, and capacities while also addressing criminogenic needs (Mann, 2004; Marshall et al., 2005; Wormith, Althouse, Simpson, Reitzel, Fagan, & Morgan, 2007) and the GLM explicitly addresses this neglected area. The GLM has also been subject to critique. It presents with face validity but the empirical assessment of treatment programs that are based upon its principles is still needed. Criticism of the GLM is further warranted because the primacy placed on human goods over criminogenic needs could neglect the possibility that the source of one offender's fulfillment could be an action that leads to the violation of another (Andrews et al., 2011).

The debate between the proponents of the RNR model and the GLM appears somewhat reducible to the differences between each model's respective grounding in behaviourism and humanism. Those forwarding the RNR model have a pragmatic approach of considering fulfillment as something that is possible through anti-social means. Advocates of the GLM have a more optimistic view of people as essentially desiring to meet their needs through socially approved means. Perhaps it is naïve to assume that sexual offenders will only seek fulfillment through socially acceptable actions, if they develop the necessary psychological resources to do so; but this is a question for future research to pursue. Further, it is evident that a longitudinal approach is called for to investigate whether fulfillment through anti-social behaviour is a time-limited orientation that one outgrows, or if there is a cumulative effect where what was once

fulfilling eventually leads to a collection of punishments and other negative outcomes that encourage or morally regulate the individual into a decision to change.

1.2.2 Community (Re)integration

The Canadian criminal justice system is structured so that community (re)integration takes place gradually with incremental decreases in supervision from parole officers, police services, and community treatment providers. The purpose of monitoring newly released offenders is to ensure that they have institutional supports to assist with deinstitutionalization and that they are complying with the terms and conditions of their parole. Successful completion of a SOTP can lead to a lower level of risk to reoffend thus opening the possibility for obtaining early conditional release into the community. In these situations, sexual offenders are typically required to attend third tier, or community maintenance programs, during their parole. These weekly programs serve to monitor sexual offenders, reinforce treatment lessons, and provide a space for men to discuss any difficulties that they might be experiencing during this transitional period.

The (re)integration environment for sexual offenders can be especially problematic. Starting in the 1980s, governments mostly in the United States began to develop different forms of sexual offender legislation in response to a small number of high-profile offences committed against children by previously convicted and released sexual offenders (Petrunik, 2003). These new laws consisted predominantly of registration and community notification legislation that were designed to monitor offenders' locations and alert communities to their presence, all under the assumption that such measures would promote community safety. A second rationale provided for sexual offender registries is that they would provide police with the knowledge of which offenders reside in their jurisdictions and thus information that could assist in future

investigations (Farkas & Stichman, 2002). Typically more cautious than American policy makers, Canada eventually put in place its own national sexual offender registry in 2004 (Petrunik, 2003; Royal Canadian Mounted Police, 2006). Unfortunately, the creation of sexual offender legislation in both Canada and the United States has occurred more due to pressure from victims' rights groups and the desire of lawmakers to respond to their constituents, than it has from proper consultation with scientific studies (Petrunik, 2003).

Community notification has a less detrimental influence on Canadian sexual offenders so far, primarily because registries have remained inaccessible to the public. The research investigating the outcomes and efficacy of community notification indicates that this practice might be largely ineffective (Ackerman & Sacks, 2012; Freeman, 2012; Tewksbury & Jennings, 2010; Zevitz & Farkas, 2000). The community notification of sexual offenders through news media or websites is detrimental to offenders' (re)integration processes by destabilizing the community environment in several ways. Public identification as a sexual offender can induce additional strain and stress on an already difficult (re)integration process and it is associated with higher rates of depression along with feelings of hopelessness, shame, embarrassment, persecution, and isolation (Ackerman & Sacks, 2012; Jeglic, Mercado, & Levenson, 2012; Robbers, 2009). The consequences of stigma and ostracism from other community members commonly include loss of employment or housing, difficulty obtaining new employment or housing, harassment and verbal abuse, threats, harassment of family members, property damage, and less commonly, physical assault (Elbogen, Patry, & Scalora, 2003; Jeglic et al., 2012; Lasher & McGrath, 2012; Robbers, 2009; Zevitz & Farkas, 2000). The newly released sexual offender is likely to face significant obstacles as he attempts to meet his physical, social, and emotional needs while upholding the requirements of his relapse prevention plan. For some men,

community notification may be somewhat beneficial. Surprisingly, public surveillance has led some sexual offenders to report feeling more motivated to prevent themselves from reoffending, that community members supported their recovery, that communities were safer when others knew their locations, and that notification had helped them to be more honest with other people (Elbogen et al., 2003; Lasher & McGrath, 2012).

Men who are designated as high-risk sexual offenders are particularly prone to difficulties with community (re)integration, but Circles of Support and Accountability (COSA) have proven particularly beneficial for facilitating (re)integration and reducing recidivism. COSAs are formalized social support networks created for high-risk offenders who have limited access to family or friends who can be positive influences for them during the community (re)integration process (Cesaroni, 2001; Wilson & Prinz, 2001; Yantzi, 1998). The main feature of the COSA model is that it is a voluntary program that requires the core member, the high-risk offender, to make a commitment to maintain daily contact with supporting members and to be open and honest about circumstances in his life. The circle supports core members by: (a) advocating for him to different community systems, (b) confronting him about less desirable behaviours and attitudes, (c) escorting and assisting him during times of emergency, (d) mediating with the broader community, and (e) celebrating successes (Yantzi, 1998).

The main premise of COSAs holds that rather than having sexual offenders chased out of one community to another, public safety is better served when high-risk sexual offenders are monitored by a supportive group of “friends” who still hold the core member accountable for his behaviour. Supported and facilitated by Mennonite Central Committees across Canada, the underlying philosophy of COSAs is to provide an open and honest support mechanism based upon the Christian principles of community responsibility, service to others, and the love of a

reconciling God (Yantzi, 1998). Although many do, core and supporting members do not need to identify as Christian since it is the values and quality of friendship that are visibly central to Circle activities. COSAs were intended for those individuals who typically have very few, if any, social supports in the community, and they have been shown to be highly effective in reducing the incidence of reoffending for men deemed high-risk sexual offenders (Wilson, Cortoni, & McWhinnie, 2009; Wilson, Cortoni, & Vermani, 2007; Wilson, Picheca, & Prinzo, 2005).

1.2.3 Forensic Psychological Research on Sexual Offenders: A Critique and Call for Interdisciplinarity

Research on men who sexually offend is predominantly limited to studies on the etiology of offending behaviour, treatment practices and outcomes, recidivism, and the impact of sexual offender legislation. The vast majority of forensic and criminological research on sexual offending is conducted within a post-positivist paradigm that seeks to objectively measure, describe, and predict the phenomenon in question. Where positivism assumes a discoverable reality independent of human perspective, post-positivism recognizes that such claims must be attenuated and thus limits the discovery of knowledge to probabilities, not certainties (Crotty, 1998). Meta-analyses are currently a popular analytic technique for assessing the efficacy of sex offender treatment (i.e. Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004; Losel & Schmucker, 2005). Although beneficial, meta-analyses involve only the collation and reinterpretation of already existing data. Quantitative investigative techniques, meta-analyses in particular, are very effective for summarizing a vast body of findings and assessing correctional practices on a large scale, but they are limited in their capacity to add new ideas and perspectives to the literature.

Quantitative methodologies are also valuable insofar as they can describe, predict, and explain “quanta,” data that are easily put to numerical form, but the acquisition of knowledge pertaining to experiential states and processes, “qualia,” may only be apprehended through qualitative, constructionist frameworks (Shweder, 1996). The primary disjuncture that contributes to forensic psychology’s methodological singularity can be traced to epistemological differences. The discipline’s adherence to a post-positivist paradigm translates into a prioritized search for objective “facts” and a rejection of the constructed meanings that form our individualized interpretations of reality. Where post-positivism is concerned with the *discovery* of knowledge, constructionism emphasizes the *generation* of knowledge in the course of human social activities (Burr, 2003; Crotty, 1998). Experiential, or subjective, knowledge is no less “real” to the person living it than the objective “fact” sought by the forensic psychologist. Additionally, forensic practitioners easily dismiss experiential knowledge of people labeled as criminals, in part because individuals are considered unreliable, but also due to the pervasive assumption that all offenders lie. In his work as a transcultural psychiatrist, Arthur Kleinman (1980) pointed to learning about and working within a client’s explanatory model of illness as an integral part of competently treating the person. To do so, however, requires the systematic inquiry of the constructed meanings that one holds toward her or his problem.

Research on sexual offending has also been limited by disciplinary isolation, despite research literature from disciplines such as criminology, anthropology, and gender studies. Criminology and forensic psychology often work at odds due to epistemological and professional differences. As closed institutions, it is primarily “insider” researchers working within the correctional system who are allowed access to conduct forensic psychological research. This latter practice in particular ensures that forensic psychology remains very insular and elitist in its

theoretical perspectives and methodologies. Part of the reason for this tendency may be because forensic psychologists are responding to bureaucrats who desire “hard” numbers and evidence in order to justify decisions. The main drawback of disciplinary isolation is that alternative perspectives tend not to be applied to research topics and novel concepts are not paired with conventional ones. For example, the literature on sexual offending tends not to include concepts that relate to different aspects of human development such as self, individual growth, agency, and moral development.

Overreliance on quantitative research omits the voices of those individuals who are the mandatory consumers of correctional practices. Qualitative studies are starting to emerge in forensic psychology (i.e. Auburn & Lea, 2003; Colton, Roberts, & Vanstone, 2009; Grady & Brodersen, 2008; MacMartin & LeBaron, 2006, 2007; Reimer & Mathieu, 2006), but these examples are still largely marginalized by the dominant body of forensic psychologists (Burnett, Victor, & Robertson, 2009). As a consequence, only a minority of the available literature on sexual offender treatment provides the perspectives of program participants.

Academic discourse has dedicated significant effort to the treatment and management of men who have sexually offended, yet little is known about men’s experiences of rebuilding their lives within the broader community, especially once they are no longer under correctional supervision. One explanation for this lacuna is that once they are finished with community supervision, it becomes very difficult to track individuals or to get them to participate in research. A contributing factor is also the overreliance on quantitative research that requires random samples of large participant numbers, typically those who are currently institutionalized and easy to access. By utilizing qualitative methodologies where methodological rigor does not rely upon large sample sizes, representative populations, and random samples, it is indeed

possible to conduct research with past sexual offenders who are no longer under correctional management.

It is common knowledge that the stigma attached to sexual offenders transforms them into community pariahs who are ostracized by their local communities, past friends, and even family. In the public sphere, oral and written communications contain discourses that generalize conclusions and reinforce stereotypes about who and what sexual offenders represent (Greer, 2003; Jenkins, 1998; Lancaster, 2011; Soothill & Walby, 1991). These discourses commonly suggest that men who sexually offend cannot be “cured” and are incapable of change because they are sick or evil (Waldram, 2009). They dehumanize men who sexually offend as beasts or monsters who deserve no better than perpetual incarceration, castration, or even capital punishment (Camman, 2012; Viki, Fullerton, Raggett, Tait, & Wiltshire, 2012). These discourses are omnipresent in casual conversation, news and entertainment media, and public forums, and are enacted in social practices of discrimination, ostracism, and on rare occasions, vigilantism. To my knowledge, no research has yet to investigate how these messages influence the continuing development of the men who are subject to them.

Although there are desistance narratives for some groups of criminal offenders (i.e. Gadd & Farrall, 2004; Maruna, 2001), inquiries on how men who have sexually offended work to improve their lives and prevent themselves from reoffending are largely absent from the literature. Desistance narratives are the stories past offenders give to describe how they finally transitioned out of illegal behaviour and criminogenic lifestyles into more pro-social activities (Maruna, 2001). In undertaking this research, I have assumed that men convicted of a sexual offence at some point desire to improve their lives. As discussed, the majority of men convicted of sexual offences do not go on to repeat their offences, or due to methodological limitations, we

know that most are not convicted of second offences. The minority who do become repeat offenders typically struggle with a range of problems that reinforce their offending behaviours: past abuse and victimization, substance abuse, mental health issues, and deviant sexuality to name a few (Hanson, 2006; Hylton et al., 2002). The common thread that I assume between one-time and repeat offenders is that they do not enjoy being sexual offenders and do not want to continue on an offending path, even if only on a pre-contemplative level.

Culture plays an important but underappreciated role in the moral habilitation of sexual, and indeed, all criminal offenders. Culture influences treatment responsivity in multiple ways. The most obvious of these are differences in ethnicity, but substantial variation of cultural values, assumptions, and beliefs exist even within what might be labeled as “Canadian culture.” Forensic psychology appreciates that culture is important to treatment but yet this concept is only incorporated into forensic research rudimentarily. Culture is nearly always conceptualized in its most simplistic sense, as that of ethnic groups, and the reductionist post-positivist paradigm from which most of its research emerges minimizes ethnicity to that of an independent variable. The hostile environment of community (re)integration is recognized but not theorized from a cultural perspective to consider the discourses, values, and beliefs that inform the behaviours of government practices, civil society, community members, and the men attempting to integrate into this environment. Moreover, studies on treatment outcomes reduce culture to comparisons between Euro-Canadian and Aboriginal offenders (i.e. Beyko & Wong, 2005; Cortoni & Nunes, 2007; Olver, Wong, & Nicholaichuk, 2009), or they ignore culture and ethnicity altogether (i.e. Nicholaichuk, Gordon, Gu, & Wong, 2000; Quincy, Khanna, & Malcolm, 1998). Aboriginal participants of mainstream forensic treatment programs clearly have less positive outcomes indicating that cultural processes and historical factors have a significant impact on responsivity

(Ellerby, 2002; Ellerby & MacPherson, 2002; Hylton, Bird, Eddy, Sinclair, & Stenerson, 2002; Wormith & Olver, 2002).

Colonial forces have constructed Aboriginal identities with perhaps only marginal regard to the tremendous variation of indigenous self-identification (Waldram, 2004) and recognition of the influence of colonialism on criminal activity in the past two decades has led to research that emphasizes how Aboriginal offenders are culturally different from each other and from “non-Aboriginals” without considering in what ways they may be the same. There has been recognition of the diversity among Aboriginal peoples, which has led to the addition of Aboriginal components within institutions (i.e. Aboriginal Issues Sub-Committee, 2000; Waldram, 1997; Zellerer, 2003), Aboriginal-specific programs (i.e. Reintegration Programs Division, 2009), and healing lodges (i.e. Correctional Service Canada, 2013). Unfortunately, these programs remain constrained by the institutional and bureaucratic structure of the state correctional system. Furthermore, programs are not individualized enough to cater to the diverse cultural identities beyond the generalized categories of First Nations, Inuit, and Métis peoples. Failure to recognize the intricacies of culture and colonialism is a major shortcoming for forensic psychology because it is precisely those issues of cultural identity that are central to Aboriginal healing and habilitation (Waldram, Innes, Kaweski, & Redman, 2008). In order to better understand its very profound influence on human behaviour and subjectivity, culture needs to be treated as a process in research, not as an independent variable.

1.3 Sexual Offender Narratives of Moral Habilitation

1.3.1 Introduction

This research was designed to follow up on James Waldram’s (2007; 2008; 2013) ethnography of a prison-based treatment program for sexual offenders. In this project, Waldram

engaged in 18 months of participant observation of a first tier SOTP in a maximum-security psychiatric institution. Over that duration, he interviewed men in the treatment program at their arrivals and exits from the unit. Briefly, he conceptualized treatment as the moral habilitation of sexual offenders where group processes worked to shape new subjectivities for participants according to an idealized, pro-social standard of ethical daily conduct that even the average person in society may fail to live up to. Offenders were trained to self-surveil and regulate their thoughts, emotions, and behaviours as well as the behaviours of others on the unit to gain insight into their offending patterns, and to practice elements of their relapse prevention plan to carry forward once released back into the community. The next logical step in knowledge generation was to follow up with a post-release ethnography to investigate how sexual offenders utilized the skills and tools taught in treatment when returned to the community. Furthermore, it was imperative to study the influence of other factors that might help or hinder their community (re)integration process in light of the evidentiary gaps I have described in the available research literature. Therefore, this research investigates how moral habilitation and the process of developing a better life is undertaken in the context of cultural, interpersonal, and psychological forces that can be both hindering and helpful.

1.3.2 Culture, Discourse, and Subjectivity

This research examined adult human development in its broader sense from a sociocultural perspective. To be more specific, I qualitatively investigated the influence of cultural discourses and practices on the psychological development of socially vilified individuals. This research queried how sexual offenders strive to become better people, and set within the disciplinary framework of cultural psychology, it was also informed by psychological anthropology, forensic and social psychology, criminology, sociology, and feminist theory.

Cultural psychology is the study of how cultural and psychological processes comprise one another in the context of human development (Shore, 1996; Shweder & Sullivan, 1990). From this perspective, culture is conceptualized as a socially embedded set of processes and not as a discrete ethnic group or geographically situated people. Culture is, in part, a learned sociality that is constantly in flux and in interaction with physical environments and physiological development such that biology, sociality, and psychology are interdependent. Incorporating a cultural analysis, I framed this research to take a meaning-centred approach that facilitated the evaluation of the shared and unique values and beliefs that may influence psychological development. My focus was on how the meanings that sexual offenders constructed through their participation in sociocultural activities influenced their perceptions of a changing moral selfhood.

Two foundational and interlocking concepts underpinned certain assumptions within this research: discourse and subjectivity. Discourses are systems of knowledge conveyed by means of language and communication that confer power through the formation of subjectivities (Green, 2008; Foucault, 1977, 1978; Weedon, 1987). They derive their power from their penetrating ability to form and maintain knowledge, ideologies, and thus beliefs about reality. All discourses are cultural, for they are formed within a specific social, historical, and cultural milieu; but not all discourses are explicitly moral ones. Public discourses become moral ones when they take on prescriptive and proscriptive expectations for socially acceptable behaviour (Zigon, 2009). Institutional discourses come from state and civil organizations or other authoritative collectivities, and may also be morally intoned (Zigon, 2009). Moral discourses inform us of what we should and should not do, and how we ought to be, performing a regulatory function in society (Dean, 1994, Hunt, 1999; Janoff-Bulman, 2012).

In the simplest sense, subjectivity identifies the interpreted products of one's mental functions. It “is used to refer to the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world” (Weedon, 1987, p. 32). When combined with discourse, subjectivity is a much more complex theoretical concept. Subjectivity speaks to how in our *subjection* to discourses, we are influenced and transformed by them, and in being so become their cultural subjects. As social beings, all humans are subject to discourses and occupy subject positions formed through structures of knowledge and power (Butler, 1990, 1997; Foucault, 1977, 1978). Subjectivity must account for power relations because our subjective interpretations are formed in part culturally and historically within a context of material and ideological power structures (Luhmann, 2006; Ortner, 2005; Weedon, 1987).

Cultural discourses exert a profound and inescapable influence on the psyches and mental functioning of all who are subject to them. In this sense, subjectivity refers to “the cultural and social formations that shape, organize, and provoke those modes of affect, thought and so on” (Ortner, 2005, p. 31). Relaying a distinctly Foucauldian analysis in the construction of subjectivity, Weedon (1987) states, “[discourses] constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subject which they seek to govern” (p. 108). Discourses transform individuals into political and moral subjects where it is impossible to act with pure acultural autonomy. Because subjectivities are produced through culturally and historically contextualized discourses, they are flexible. Individuals can be viewed as partly knowing subjects to the degree that they recognize and understand how these discourses have formed their subject positions. As agentic beings, humans have the capacity to concede to, resist, or transform these discourses and their impact on our lives.

Sexual offenders are subjects of multiple discourses, many of which are morally imbued. Forensic discourses construct individuals as criminalized identities who represent varying levels of risk to reoffend, levels of required security enforcement, and amenability to treatment. Repeat offenders are constructed through the files of their criminal deeds and psychological assessments that follow them to every institution like permanent identity markers. Public discourses construct them as intractable sub-humans who should never be returned to greater society. To say that these discourses have no influence on sexual offenders is absurd.

Individuals who have been identified as sexual offenders are not passive subjects in their own growth and development. They exert agency by performing acts of resistance and acceptance toward treatment and management practices (Gavin, 2005; MacMartin & LeBaron, 2006; Victor & Waldram, 2008; Waldram, 2007), and through their responses to stigmatizing or hostile interactions with members of the community (Lasher & McGrath, 2012). The sexual offender is constructed as an object of knowledge in scientific discourses (Foucault, 1977, 1978; Lacombe, 2013; Taylor, 2009). Furthermore, recidivism narratives constitute stigmatizing discourses that construct past offenders as untreatable, dangerous, or even evil (Greer, 2003; Jenkins, 1998; Soothill & Walby, 1991). The overall effects of discourses pertaining to sexual offending on the subjectivity, mental functioning, and agentic development of convicted sexual offenders are vague. The subject positions held by treatment participants along with their individual values, beliefs, and goals are likely to contribute to variations in treatment responsiveness. I consider treatment and community (re)integration in this research as the medium through which participants can narrate the changes they have made in their lives. Some of these changes are direct teachings from treatment, some are made in opposition or resistance to certain aspects of the treatment programs, and some are independent of treatment. In this research, I not

only investigated the subjective viewpoints of men who were convicted of sexual offences but I utilized a cultural analysis to theorize about the interaction of subjectivities on individual development.

1.3.3 Moral Agency

Agency and morality are two central concepts that acted as focal points for the theoretical framework of this research. To discuss sexual offenders' transitions from dysfunction to wellness, I adopted a theory of agency that is socioculturally situated, developmentally emergent, and reflectively deliberative (Martin, Sugarman, & Thompson, 2003). When articulating a definition of agency, it needs to be sufficiently complex so that it does not fall back to simplistic dichotomies between free will and false consciousness (Frank, 2006), or biological and social determinism (Martinet al., 2003). For this dissertation, I used Martin and Sugarman's (2003) definition:

Agency is the deliberative, reflective activity of a human being in framing, choosing, and executing his or her actions in a way that is not fully determined by factors and conditions other than his or her own authentic understanding and reasoning. As such, agency is a kind of self-determination. (p. 80)

In other words, an agent is not immediately a rational chooser but more of a developing and enculturated person who reflexively makes and pursues possibilities for her or his own life world.

While agency is sometimes viewed as an individual characteristic, it is set within a sociocultural environment that shapes our motivations and presents a system of constraints that limits the options and resources available to us (Cote & Levine, 2002; Frank, 2006; Martin et al., 2003). Agency is made possible through reflexive consciousness and the executive functioning of the self in that agentic behaviour requires that we reflect upon our motivations and follow through on our decisions. Of agency, Cote and Levine wrote:

It must be an idea reflexively understood by persons as a strength, vitality, or willfulness they have to engage in behavior. It must be sensed as being their own strength; a strength that is *reflexively differentiated* in their minds from their desires and the obligations they feel impinging on them. In other words, it is an attribute that persons can associate with their ability (a) to *reason* strategically about how to pursue goals, and (b) to contemplate questions about whether or not it is appropriate to pursue such goals. (p. 86, italics original)

Agency is culturally contingent in that how it is expressed relies at least partially on the values, goals, ideals, and forms of personhood represented in a cultural milieu. It is embedded within the normativizing moral discourses that set strong parameters for what are considered to be desirable and appropriate goals or self-interests for individuals in relation to the expressed and embodied norms of the group.

Agency is often considered one of the core defining elements of personhood because it mediates between moral discourses that tell us how we “ought” to act and individual experiences that suggest to us alternative ways of being (Sugarman, 2005). As agentic persons, we have the ability to evaluate and prioritize our goals and desires (Taylor, 1985). The moral aspect of personhood is most accurately used in its plural form, moralities, because like culture, there is not one clearly distinct set of virtues that speaks to all people in a culture at all times. Moralities inform our values, beliefs, senses of aesthetics, standards of ethical behaviour, and judgments. They are the sources of good and evil, and establish the characteristics that constitute “goodness” in a person. Philosophers, social theorists, and anthropologists have over history proposed multiple theories and definitions of morality and ethics (Zigon, 2008). Succinctly, morality is a historically shifting, collectively agreed upon belief system and social practice that guides humanity in the discrimination between virtue and vice, and right and wrong.

Situating morality within the enterprise of anthropological research requires a more specific definition that accounts for the human capacity for critical self-reflection. One such

definition views morality as based upon “the acquired attitudes, emotions, and bodily dispositions of a person throughout their life” (Zigon, 2008, p. 17). This definition positions morality within human ontogeny to consider the development of individual moralities across the lifespan. Set within an anthropological framework, morality is operationalized into institutional, public, and embodied forms (Zigon, 2009). Institutional moralities are expressed through formal and non-formal organizations that wield some power or influence over a populace and make proclamations of truth or righteousness. Government and religious organizations are obvious sources of institutional moralities but other sources would include international organizations, civil society groups, and work place codes. The public discourse of morality often echoes institutional moralities but it comes from diffuse sources other than institutions like the media, social protest, art, and everyday teachings. Public moral discourses can support or undermine institutional moralities. Embodied morality identifies a *habitus*, or our dispositions to automatically act in a virtuous manner without having to reflect upon a course of action. It is the behavioural expression of an internalized moral compass.

Agency involves the striving for specific goals, some of which have stronger connections to values, ideals, and other elements imbued with moral worth. Charles Taylor (1985) offers one of the most explicit integrations of morality and agency. The distinguishing feature of human agentic capacity, for Taylor, is the ability to undertake reflective self-evaluation of one’s desires. There is first a qualitative evaluation of the desire itself: can it be “classified in such categories as higher and lower, virtuous and vicious, more and less fulfilling, more and less refined, profound and superficial, noble and base” (p. 16)? By this standard, there exists a moral valence that is embedded within the quality of the goal and its potential outcome. Taylor’s explanation includes a differentiation between weak and strong evaluation. Weak evaluation identifies the

process of decision-making where the primary concern is simply the outcome, typically where the possible outcomes bear little or no relevance to qualitative valuations of worthiness or ethical principles. Taylor uses the example of making the decision to take a vacation in one location versus another. Strong evaluation involves reflecting on one's motivation to undertake one course of action instead of another. Here, one "is concerned with the qualitative *worth* of different desires" (p. 16, italics original) where the reason for pursuing the various choices can be ranked according to its moral value. Consequently, motivation is important because it too can be more or less virtuous.

The theory of agency articulated by Martin et al. (2003) does not explicitly address morality and ethics, but it does indirectly suggest a moral valence to goals and decisions based upon the authors' interpretation of understanding and care. Accordingly, the moral accountability of the individual is premised on "the developmental emergence of a situated, deliberative agency capable of understanding" (p. 162). While people are socialized to have tacit understanding of unreflected knowledge regarding norms and assumptions, the authors differentiate that from the explicit knowledge that is gained through engagement and reflection of one's life-world. "Care" is the primary motivating factor in their model, but it is not articulated in terms of ethics, even though the ethics involved with decision-making is what it describes. Care is defined, or reduced rather, to the concern one has for self in "a historical, sociocultural life-world of discursive and relational practices" (p. 117) and is made possible through the reflective understanding that emerges during development as an agentic being. Care is about ensuring the survival and wellbeing of the self. The choices that go into that goal are in essence ethical choices for they are guided by a set of principles and beliefs regarding the value of the desired endpoint and the most appropriate way to achieve it. Morality and ethics are clearly embedded in the assumptions of

Martin et al.'s (2003) theory of agency, but they are not pursued beyond the extent to which I have described here.

Cote and Levine's (2002) conception of agency offers even less reference to morality. The extent to which they allude to morality or ethics occurs in their discussion of motivation for the relational self (Andersen & Chen, 2002; Markus & Kitayama, 1991) where the individual is actively responding to "the 'pushes and pulls' any agentic actor must contend with in balancing the interests and needs of self and other" (Cote & Levine, 2002, p. 86). Otherwise, Cote and Levine emphasize moral development only in terms of how norms and ontogenetic expectations contribute to individual agency.

Even though morality is inseparable from agency, it is evidently under theorized in agency theory. Humans are considered agentic beings but there are times where we appear to act without agency: passive, aimless, and without care for the self or one's future. It may be that in these situations, the person indeed does experience little care to act, or it could be that they have made the conscious decision to not act for some reason that is not immediately apparent. The moral element of care may be present, just differently motivated. Judging the degree to which a person makes use of his or her agentic capacity can only be accomplished in consideration of one's motivation and the values s/he places upon the potential outcomes.

Morality and agency both have in common the elements of reflection and motivation in their models, which facilitates their theoretical connection. Zigon (2007) developed a framework for the study of moralities that includes reflection and motivation as central components in ethical decision-making. He contended that morality could be an object of study by examining those instances when one is taken from embodied morality, the unreflective state characteristic of the absence of dilemma, to a "moral breakdown" where reflection is required to work through an

ethical challenge. The point of moral breakdown occurs when one cannot automatically and unthinkingly resolve a situation of moral consequence and instead must break into reflective contemplation about the best course of action. Zigon used the term “ethical demand” to identify the requirement to act and resolve a morally inflected situation. Moral breakdown and ethical demand pulls the agent out of unreflective automaticity. The motivation in these instances of ethical demand is to “Keep Going!” (p. 139) and work through the moment so one can return to the internalized, “unreflective moral dispositions of everydayness” (p. 139). For sexual offenders, the failure to ‘Keep Going!’ could mean a perpetual cycle of crime and incarceration, or perhaps even suicide in the face of perceived hopelessness.

Cultural discourses and experiential knowledge inform the contents of reflection during moral breakdown, contributing to the ethical decision-making process. The impulse to work through the ethical demand of a situation and return to a morally unreflective state is one form of motivation. Another motivation is identified in the Good Lives Model (Ward, 2002; Ward & Gannon, 2006) as the drive to pursue the primary human goods listed earlier (i.e. companionship, autonomy, mastery, spiritual meaning, health, etc.). These primary human goods are also moral goods because the preferred means of obtaining and enacting them are strongly influenced by the cultural-moral realm (Taylor, 1989). The value we place upon moral goods informs our larger life goals and desires, and guides our agentic decision-making over the life course.

Making a theoretical connection between agency and morality raises certain questions. For example, who defines the value and virtue of various goals? How does agency theory deal with tensions that arise when individuals’ desires conflict with societal desires or cultural ideals? The under theorization of agency and morality extends to evaluations of the means used to achieve goals. Who defines what is the better, more virtuous route to goal attainment? Can

someone act with agency if his or her goal contravenes accepted moral codes? In asking these questions, it becomes clear that structures and relationships of power are also part of the moral equation.

Morality permeates all aspects of sexual offender treatment and habilitation far beyond the obvious concerns of harm caused and laws broken. The moral habilitation of men convicted for sexual offences presented a palpable instance in this research from which to query many of these questions about morality, agency, motivation, and power. SOTPs are embedded with assumptions of what constitutes a good life and how to pursue wellbeing (Ward, 2002); however it is unclear who is defining that concept of wellbeing and if it is even realistic for treatment participants. Treatment lessons are abstracted or generalized to the point of embodying an idealized model of society that bears little relevance to the lived realities of life in the community (Waldram, 2012). To its credit, treatment aims in part to teach participants to be more self-aware, self-reflective, and to make better decisions, all of which are hallmarks of agency (Martin & Sugarman, 2003).

Treatment is the basic mechanism for eliciting moral habilitation since its main goal is to prevent criminal behaviour, but it could also be interpreted as a means for past offenders to become better people. Understanding agentic development as “a historical progression of human moral agents toward fashioning more virtuous persons” (Sugarman, 2005, p. 808), this research uses men’s experiences of sexual offender treatment and its applications in community (re)integration to illustrate the successes and hurdles that are part of their institutionally-directed “fashioning of more virtuous” subjects.

1.3.4 Terminology and Assumptions

There are a number of clarifications that are necessary in order to more clearly identify some of my own assumptions and perspectives that informed this research. The labeling of men who have been convicted of sexual offences as “sexual offenders” not only reinforces the notion of a stigmatized and unchanging self, but it also does a disservice to the men who contributed to this research. I decided to concede to its use only for literary ease. The men who graciously assisted me in this research for the most part rejected the sexual offender label, often by invoking the language commonly promoted in treatment programs that sexual offending was something they did, not a determinant of their identities.

A second clarification of terminology follows from Waldram’s (2012) ethnography and involves the assumptions made by terms such as rehabilitation and reintegration. These terms are based on a premise that the subject in question had previously been “habilitated” or “integrated” in society, thus the addition of the prefix “re-” to these terms suggests a return to these prior states. In reality, many men who sexually offend come from dysfunctional backgrounds and never existed in what we might consider a “functional” state. For these individuals, habilitation or community integration would be considered a first. For other men, community integration may have indeed represented some offenders’ circumstances prior to sliding onto a downhill path into sexual offending. In order to capture the variety of pre-incarceration experiences of the men in this study, I adopted the convention of using “(re)integration” for participants’ post-release circumstances.

In undertaking this project, I recognized that women sexually violate others and that this is an under studied area; however, I chose to focus my research solely on male sexual offenders. One reason for this decision was that men still comprise the vast majority of people who commit

sexual offences. A second reason for this decision was a very pragmatic one; it was immensely easier to recruit male sexual offenders due to their higher prevalence. I expected that there would be substantial differences between men and women who sexually offend and including only men in this research allowed me to focus specifically on the issues and characteristics that are unique to their gender.

Another assumption that I brought into this project was that most men who sexually offend and abuse others are operating from a place of dysfunction. Sexual victimization, often in conjunction with substance abuse, may have become a means to cope with distress in their lives. Whether their crimes were only singular events or repeated patterns, I supported – and still do – the critical humanist assumption that people strive to improve their lives and wellbeing in spite of being only partially knowing subjects of the cultural, social, historical, economic, and political structures and forces around them. I further assumed that the majority of men convicted of sexual offences desire to improve their lives even though the awareness of how to do so may elude them. Despite the demonization of sexual offenders in civil society, they remain human and harbour all the goals and desires of other citizens. I also considered the stigmatization of men who sexually offend as detrimental to public safety because it negatively impacts their senses of self and self-esteem to the point where it is more difficult to overcome their problems.

1.4 Overview of Chapters

The chapters that follow detail the development of this research and the progressive transformation of a population of men who are rarely involved in this manner of studies. Chapter 2 identifies the epistemology and methodology through which this research was developed. I describe the progression of the project in terms of its fieldwork, participant recruitment, data generation, and data analysis.

In Chapter 3, “Agency, motivation, and moral habilitation,” I introduce agency theory more fully and identify it as a form of self-determination that involves the development of decision-making abilities. The emergence of agentic self-determination and decision-making requires psychological autonomy, attainable goals, and the motivation to take steps toward reaching them. I identified the agency in men’s moral habilitation processes and described the various motivations men declared as the drive behind their transformations. The moral bases of participants’ motivations were discerned as the desire to have a “Better Life” that is made possible by obtaining primary human goods, or what I describe as “moral goods.” Furthermore, I demonstrate that what on the outside appears to be a “lack of motivation” may actually be agentic behaviour directed by alternative motivations.

Chapter 4, “Moral regulation and the narrative management of stigma” establishes the forms and range of stigma experienced by sexual offenders and their responses to it. In their efforts to manage how others perceive them, sexual offenders adopted multiple narrative strategies to make moral claims disputing the essentialized and deindividualizing representations formed by public discourse. Attention is focused in this chapter on stigma and abjection, interactions with family and friends in the community, and the relation between stigma and moral regulation as each detracted from and contributed to participants’ moral habilitation. Stigma functioned as punishment and moral regulation by reinforcing the boundaries of acceptable behaviour in society.

Stigma can be a powerful force and combined with the vitriolic discourses directed at men convicted for sexual offences, it is not a far leap to consider the detrimental effect these sentiments have on these individuals. Where previous chapters investigate other aspects of moral habilitation, Chapter 5 focuses entirely on the transformation of self-concept over the course of

moral habilitation, from arrest and conviction to the years after warrant expiry and community release. “Stigma and moral selfhood: The four selves of ethical self-reformation,” identifies how moral discourses and interpersonal interactions within the community influenced men’s senses of self. Moral habilitation involved, in part, the transformation of self, which is framed as a process of ethical self-reformation that was connected to men’s shifting trajectory of increasingly autonomous self-concepts.

The sixth and final chapter, “Sexual offender treatment: A moral enterprise” integrates the arguments made in the previous chapters to construct a theoretical model of ethical self-reformation and moral habilitation. It summarizes how morality is embedded within all aspects of sexual offenders’ moral habilitation through discourses, correctional practices, and stigma.

2.1 Introduction

In the introductory chapter, I provided a basic description of sexual offender treatment programs (SOTPs) and their theoretical perspectives. I identified the gap created by the near-exclusive reliance on quantitative methodologies regarding sexual offenders' experiential knowledge as mandatory consumers and primary stakeholders in the treatment process. Add to that, there are the methodological challenges of conducting quantitative research on community-released offenders who are no longer part of a "captive population" and therefore difficult to recruit. Consequently, the scientific and correctional community has only marginal knowledge about how men apply their treatment knowledge immediately and especially years after their warrant expiry date. We have so far only been able to speculate what aspects have been most and least helpful for living offence free. It is this last void in knowledge that led to the development of this research.

This research queried how men convicted of sexual offences narrated their transition from dysfunction to a place of enhanced wellbeing. At the core of this question were the issues of human development and how individuals deal with and change when confronted with a crisis. Applying these concerns to men convicted of sexual offences, development becomes a moral issue in that not only should we learn more about how people transform themselves into better persons, but also we need to develop a much better understanding than we currently have of how sexual offenders come to desist from their abusive practices. The main research question and subsequent theoretical framework was informed by the various assumptions identified in the

previous chapter. I consider much of sexual offending behaviour to be a symptom or result of some form of psychosocial dysfunction, and that given the option, offenders will desire an improved quality of life, even if that just meant not suffering from the stigma of their offences. Furthermore, I assumed that the sort of stigma and possibly shame experienced by sexual offenders would have some negative impact on their selfhoods. Inquiring how sexual offenders narrated their transition from dysfunction to greater wellbeing involved targeting a number of areas currently not well known regarding the habilitation and (re)integration of sexual offenders: perceptions of treatment benefits and limitations, barriers to community (re)integration and possible resolutions, and responses to stigma, particularly on men's self-concepts. Incorporating these various aspects of treatment utility and community experience into the research interviews offered multiple avenues through which men could narrate their transitions of moral selfhood.

2.2 Methodological Framework

The investigation of experiential knowledge is best accomplished through a different epistemological paradigm than that offered by post-positivism. Consequently, a constructionist epistemology was better suited for the questions asked in this research. Constructionism understands humans as cultural beings who individually and collectively through their social interactions generate meanings from their life experiences (Burr, 2003). It is in this sense that humans are semiotic subjects “for whom the meaning of a situation is the major determinant of his or her response to it” (Shweder & Sullivan, 1990, p. 402). It is a meaning-centred approach that, in other words, signifies that the primary purpose is to learn how others make sense of their life worlds. I focused on this experiential knowledge that men convicted of sexual offences generated, for it is only through understanding their interpretations of treatment facilitated moral

habilitation that we can move toward understanding the larger scope of sexual offender treatment and (re)integration.

This project was a person-centred ethnography that focused on individual interpretations of cultural values, beliefs, and assumptions (Hollan, 2001; Levy & Hollan, 1998). This variation on traditional ethnography enabled the theorization of subjective experiences and processes related to cognition, personhood, identity, self, and morality. The objective of ethnography is to make sense of social behaviour and practices from an insider's point of view while theorizing about it within the broader context of culture (Boyle, 1994; Geertz, 1973; Wolcott, 1995). Person-centered ethnography “tend[s] to focus on the ways in which people fashion culturally meaningful expressions from fields of experience in which meaning is routinely contested, and where culture is perennially under construction” (Chambers, 2000, p. 856-857). Emphasizing the individual within the culture is what makes person-centered ethnography particularly adept at separating the shared meanings from the individual differences that contribute to cultural heterogeneity.

Interviews are one of several methods of data generation utilized in ethnography (Wolcott, 1995; Wolf, 2007) and the most appropriate for this research given the challenges presented by researching a largely hidden, yet highly stigmatized population. Person-centred interviewing in particular is useful for eliciting stories from respondents that reveal the subtleties of how individuals construct meaning from their lived experiences. It also treats participants as both “expert” informants of sexual offender treatment and (re)integration, and as respondents to personalized questions regarding the meaning of their experiences (Levy & Hollan, 1998).

That said, it is important to not treat interview data as an uncritical reflection of reality or over-arching “truth.” Interviews are an intersubjective act of co-construction whereby the

interviewer and interviewee are dialogically reacting and interacting with one another (Holstein & Gubrium, 2004; Potter & Hepburn, 2005; Presser, 2004). The interviewee uses impression management techniques to impart a particular image of self and both members of the dyad respond in ways that shape future responses. Individuals who have been convicted of violent offences have sometimes used the interview situation as an opportunity to construct their selves as generally moral and good individuals who have made mistakes uncharacteristic of them or who have struggled to change into more virtuous persons (Maruna, 2001; Presser, 2004). In other words, the interview offered an opportunity for moral claims making that provided a rich source of data for this research.

Given the decision to use individual interviews, I developed a semi-structured interview guide that queried participants on their experiences in three general areas: treatment, community, and self (Appendix A). More specifically, the interview guide solicited information on participants' perceptions of treatment programming and its applications to community life, their interactions with family, friends, and other individuals, and the perceptions they held about themselves, how they had changed through their experiences, and what they hoped for themselves in the future. The interview guide left enough flexibility to follow up on significant questions that emerged during each interview and allowed for a person-centred interviewing style that solicited responses in the form of experiential narratives. The person-centred interviewing style asks individuals to describe their first-hand experiences in order to elucidate their interpretations of life events (Levy & Hollan, 1998).

This research was performed in accordance to the ethical standards set out by the Canadian Tri-Council Policy Statement on "Ethical conduct for research involving humans" and the University of Saskatchewan policy on "Research involving human subjects." The certificate

of ethical approval is provided in Appendix B. In addition, two of the four data generation sites had their own formal ethics application processes that I followed. As for the two remaining data generation sites, I acted upon the advice given by community gatekeepers regarding the ethical protocol to follow.

2.3 Fieldwork and Methods

2.3.1 Participant Recruitment

The criteria for including participants in this research were deliberately broad. I was looking for men who had been convicted for a sexually based offence *and* who had participated in some form of treatment program specific to sexual offending. Considering the extreme stigma placed upon men who have sexually offended, it was appreciably difficult to, first, find these men in the community, particularly once they are no longer under the authority of the criminal justice system, and second, to convince them to talk about their experiences for the purpose of research. As a consequence, I flexibly included men who had experiences relevant to this research but who also fell outside the original parameters. Most participants had participated in a SOTP after conviction as a sexual offender; but there were some instances where participants were convicted of non-sexual offences yet still participated in treatment, and one case where a convicted sexual offender did not attend a treatment program. The range and variability of participants' experiences are described in the next sub-section.

Due to the sensitive nature of this research, I was able to gain access to potential participants only through gatekeepers. Roughly one year prior to beginning the data generation process, I started networking with various governmental and non-governmental organizations that had access to men convicted of sexual offences in three prairie cities. In the end, four

different organizations agreed to act as gatekeepers through which I could contact potential research participants.

Two of these organizations were Circles of Support and Accountability (COSA) operated by the local Mennonite Central Committee in two different cities. To develop a relationship with these gatekeepers, I met with the COSA manager from the first recruitment site several times to present a description of my project, an organizational consent outlining responsibilities for each party (Appendix C), and to further discuss who I was, my intentions with this research and its potential outcomes, and concerns for the protection of participants. These meetings were part of the trust-building process whereby the gatekeeper had to vet me as a person, and then my research as something that was worthwhile and safe for his contacts. Meeting with potential participants was made when the COSA managers were able to vouch for my trustworthiness to the core circle members. Once a trusting relationship was established with the first COSA manager, he provided me with contact information for COSA managers in two other urban locations. In one of these locations, I first spoke with the COSA manager by telephone and forwarded him my recruitment materials, which he then took back to the core and supporting members of his COSA. I later traveled to his location where we first met for an hour. Then I was introduced to the entire group of core members in that community during one of their weekly social meetings. In the third location, I met with three organizers of the local COSA but ultimately did not use that community as a data collection site.

The actual recruitment process was quite different between the two COSA sites. In the first location, the manager spoke to eligible men on my behalf and provided each with a research invitation letter (Appendix D). He also arranged for me to meet with willing men in his office. In each case, I first engaged in casual conversation with the manager and the participant together.

At a comfortable point in the conversation, the participant and I relocated to a separate room to conduct the interview. This process occurred over a span of 13 months. Recruitment and interviewing at the second location took place in the span of three weeks starting from that first meeting with the group's core members. The second COSA manager arranged the time and locations of interviews. The difference in recruitment processes reflected the different structures of the two COSA groups, but it also spoke volumes about the importance of the research relationship and how gatekeepers can be a community-based researcher's strongest allies.

The third organization that acted as a gatekeeper in this research was a Correctional Service Canada (CSC) parole office. After obtaining ethical approval from CSC, I met weekly with men attending a parole mandated "maintenance" program. During my first meeting, the program facilitator introduced me to the group and I described who I was and my purpose for being there. I also handed out an invitation letter during this first meeting. I was not permitted to remain within the group during their meetings for reasons of confidentiality and possible disruption to the group process, but I was allowed to set up in an adjoining office while the group met. After that initial meeting, I would arrive early to converse with group members until the facilitator initiated the meeting. Then I would move to the adjoining office and be available to talk with group members after the meeting if they chose to do so. I continued this weekly presence for a four month duration during which time I was able to develop rapport and some measure of trust with group members.

The fourth recruitment site was under the jurisdiction of the local health authority and made through a psychiatrist with forensic clientele. Following the receipt of ethical approval from the health authority, this psychiatrist recruited participants on my behalf. In the end, I interviewed one of his clients for this research.

Overall, gatekeepers helped me to recruit 16 participants. Six men were from the first COSA, five from the second, four from CSC, and one man was recruited through the forensic psychiatrist. In two instances, snowball sampling was utilized when a participant from one site knew and invited an acquaintance to participate on my behalf. In total, 18 men were interviewed for this research. Since most participants were recruited from two COSA groups, the participant sample is heavily biased toward men who are highly motivated to not reoffend and amenable to the COSA model. That, combined with the fact that all participants volunteered to discuss their experiences in an interview format, meant that my participant sample was far from representative of the diversity that exists among men convicted of sexual offences; however, since qualitative research does not typically attempt to make generalizations from samples to populations, representativeness is not of great concern. The sampling characteristics of the participants are only relevant in terms of considering how the various subjectivities of participants have contributed to the theoretical findings.

Because sustained contact with participants was frequently not possible, the nature of the research relationship was limited. Some participants maintained a distance for privacy reasons and others resided in a community that was a fair distance from my own that precluded frequent contact. In other situations, gatekeepers lost contact with participants or the men recruited through CSC completed their time in the program. I had to develop trust with participants through either proxies (i.e. COSA managers) or just accept the limits to which interviewees would be forthcoming in their responses. The latter situation was particularly relevant for participants met through the CSC parole office. I had to reinforce the fact that my research was independent from CSC and that participants did not have to worry about their opinions finding their way back to an institutional authority.

2.3.2 *Participants*

It was not part of the objective of this research to take a formalized or structured account of participant demographics and I left it optional to participants as to how much information about their offence(s) that they wanted to provide. This approach left participants in control of their narratives, a position that is unlikely in the typical forensic context (Lacombe, 2008; Waldram, 2012). The only information that I did ask regularly was if that individual had Aboriginal heritage. As expected, some men were more forthcoming than others in what they wanted to tell about themselves and their crimes. Although having limited background information about participants makes it more difficult to construct a strong understanding of their subject positions, I felt it was important to not pry into their lives beyond what they were comfortable with; these men had more than enough such experiences during their time in correctional institutions.

Within this limitation, it was still possible to provide a rough sketch of my participant sample. Participants ranged in age from 27 to their early 60s but most men were between their mid 30s to mid 40s. The vast majority of men presented themselves as heterosexual but two were homosexual and one identified as a transgendered heterosexual¹. One man seemed to express some uncertainty in that he had relationships with women but spoke to trying to overcome a “deviant sexuality”; he desired to become asexual. The cultural breakdown was somewhat diverse. Twelve men were of an unspecified Euro-Canadian descent, one was French Canadian, three were First Nations, and two were Métis. Of the three First Nations individuals, two were Cree and one was Saulteaux. The two Métis men declared that they did not identify with their cultural heritage at all and viewed themselves as generic Canadian. Three men in my sample

¹ Although this participant preferred female pronouns, I use male pronouns for her in order to protect her identity. The mislabeling of gender identity does not impact the analysis, as this issue is not directly relevant to the theoretical framework.

presented with some form of intellectual disability. I did not ask them about specific diagnoses. A fourth man indicated that he had been diagnosed with Fetal Alcohol Spectrum Disorder (FASD) but I did not observe anything in his manner or thoughtfulness that would have led me to suspect any intellectual deficits.

Initially, this research was intended to have a much stronger focus on Aboriginal identity and the relation it bore to treatment responsiveness. As part of my initial fieldwork, I upheld a weekly schedule of spending time at a local organization that provided culturally specific counseling services for Aboriginal clientele (Twigg & Hengen, 2008). I would routinely discuss different issues with one counselor in areas such as the sources of violence and abuse, cultural identity, healing, and the values and beliefs embedded within an Aboriginal worldview. These conversations were often frustrated by cross-cultural miscommunications that came from opposing worldviews. The Western paradigm of research employs the categorization of individuals to organize experiences and predetermine selection criteria for project inclusion. In my case, my research focused on a select group of sexual offenders, but inevitably, every time I used the term “offender” to specify my population of interest, I would raise the ire of my teacher. After many conversations, along with the intervention of an interlocuter who was present during some of these exchanges, I recognized that the Western research paradigm with which I was approaching my research was incompatible with the Aboriginal worldview that eschews the imposition of Western labels. The men with whom I was interested in learning were not thought of as sexual offenders, but rather as people who were suffering from cultural dislocation, identity loss, and childhoods of abuse and neglect. Labeling these men as sexual offenders effectively erased these foundational issues and transformed them into pathologized individuals for whom history and sociocultural context did not matter.

I was not going to be able to ethically and competently pursue an Aboriginal population unless I changed the direction of my research and invested significantly more time in developing a relationship with the community. Consequently, the men in this research who are Aboriginal were recruited incidentally through other locations and not with the intention of developing comparisons between Aboriginal and non-Aboriginal offenders. I address cultural identity or history on an individualized basis in this research where participants' narratives and claims warrant a focus on these topics. This procedure is consistent with person-centred ethnography, and avoids constructing a "false dichotomy" between Aboriginal and non-Aboriginal identities, which can occur when comparative approaches are adopted (Waldram, 2012, p. 52).

With regard to participants' criminal demographics, I received only enough information to provide broad breakdowns of differences. I was not given any consistent details about the specific crimes for which participants were convicted. Eleven participants had committed offences against children or under-aged youth, approximately seven of which had child victims. Five participants had offences against adults and two men were convicted of charges related to child pornography. For six men, the current conviction was based on their first and only offence with the remainder of participants being repeat offenders to varying degrees. The high rate of repeat offenders in this group is attributed to the recruitment process that sampled participants heavily through COSAs, organizations that were developed specifically for men deemed to be at high risk for reoffence. Last, two participants had been convicted and treated *only* through the provincial system; the remainder had all been in the federal system of corrections. Treatment programs utilized by the provincial system are generally low intensity or "maintenance" type programs. Many federal offenders are mandated to attend these programs with provincial offenders while on parole or when subject to Section 810 recognizance order. Many participants

were attending community programming in the form of low intensity treatment or maintenance, psychiatric services, or individual counseling at the time of interviewing.

As noted earlier, not all participants had been convicted of a sexual offence or had attended a SOTP. The decision to include these men in the research was based in part on their self-identification as having engaged in sexually abusive behaviour and by the additional breadth their perspectives added to the findings. Two men had not been convicted of sexual offences but elected to take a treatment program when it was offered. One of these men chose to do so since he had been convicted of assaulting a prostitute during an exchange of services. The other man was serving a life sentence and chose to take the program because he recognized sexually abusive behaviour in his past and saw the program as a way to learn more about himself for his future. Another man who took the treatment program had only sexually assaulted men in prison. The fourth man had been a repeat sexual offender who had never taken treatment. Lastly, one man was convicted and treated for sexually assaulting his ex-partner but insisted that she made a false claim that resulted in his conviction.

Recruiting from a hidden population like sexual offenders presents challenges. The long duration of my recruitment phase was just one. The difficulty of recruiting participants also meant that I had to keep my inclusion parameters fairly open. Although some may consider this a limitation, the unanticipated and added benefit to having broad inclusion parameters is greater participant diversity. Where some participants had only been released from prison for a month or two, others had been living offence-free in the community for up to ten years, which supplied a cross-sectional element to this study.

2.3.3 Data Generation

Early on in the data generation process, I interviewed participants twice to spread out the relatively long interview guide over two shorter sessions. As time progressed and data collection sites changed, it became clear that a single interview was more appropriate since many participants would have been difficult to connect with for a second interview. It was primarily an issue of convenience for them to meet only once rather than twice. Further, as I developed more experience in the interview process, I was able to refine my questions and technique to access more theoretically rich information in a shorter period of time.

Interviews from the first COSA group took place within that office location. For the second COSA group, I interviewed men predominantly in a church basement, although one interview took place in the COSA manager's home. Two participants from the parole office were interviewed in the adjacent office during or after their maintenance group. The remaining four participants were interviewed in private office space on the university campus. At the start of each interview, I described the limits and conditions of anonymity and confidentiality to participants and had them sign letters of informed consent (Appendix E), specifying that they did not need to use their real name if they did not want to do so. Just prior to the start of every interview, I gave participants \$20 honoraria for their time. One participant declined the honorarium stating he was doing the interview only to help out with the research. The length of interviews ranged from 40 minutes to two hours with the majority lasting approximately one hour and 20 or 30 minutes. All interviews were audio recorded, digitized into a computer file, and transcribed by hired research assistants. The transcriptions were coded primarily for textual content. Instances of emphasis, laughter, and sarcasm were noted but pauses and other verbal

intonations were omitted. Data generation took place over a period of 13 months as new participants were recruited.

With the approval of the ethics review board, I did not allow participants to make changes to their interview transcripts. The analytical method and assumptions I adopted in this research depended upon the spontaneity inherent to the socially constructed nature of subjective experience. Offering participants an opportunity to modify their transcripts would have eliminated the very spontaneity that this research depends upon. Further, some of the participants in this study were very transient and would have been difficult, if not impossible, to have maintained contact with following their interview. Participants were offered a copy of their interview transcripts, but only one participant took advantage of this offer.

2.4 Data Analysis

The analysis of data was an emergent process that was informed by thematic (Braun & Clarke, 2006) and narrative analytic approaches (Riessman, 2008). My overall approach was an intuitive one that depended on how the data could be linked to theory and narrated experience. I started with a deductive, theory-driven approach that gradually evolved into an inductive, data-driven way of interpreting the data. I used a semantic analysis of the explicit themes as a means of organizing what was a very large corpus of data and it was only after I had the data coded in a manner that fit with my theoretical framework did I proceed to a systematic analysis of the latent content to “examine the *underlying* ideas, assumptions, and conceptualizations” (Braun & Clarke, p. 84, italics original). It was this latent analysis that I used to develop the theoretical findings of this research. The overall procedure was highly iterative as I shifted between theory, data, interpretation, to eventually amalgamate the data into themes and narratives.

2.4.1 Procedure

Braun and Clarke (2006) described thematic analysis in six phases: familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and finally producing the report. The analytic strategy that I adopted mirrored these phases in the earlier stages of analysis and diverged into a more narrative based analysis in the later stages. Research assistants transcribed the majority of the interviews under the instruction that they were to transcribe for content alone and ignore aspects of delivery such as words stutters, speed, and intonation. In the process of familiarizing myself with the data, I first checked the accuracy of the transcripts, making corrections along the way and then surveyed each interview with a basic grounded (i.e. data driven) approach noting the preliminary themes and structures that were present.

My next task was to begin the organization of the data for detailed analysis. This process was lengthy as there was a very large amount of data that was generated in this study. For this stage, I utilized Atlas-TI, a software program designed for qualitative data management and analysis. My first step was to identify and categorize all interview segments that referred to treatment, both the actual program experiences and direct references to lessons applied in the community context. I then coded “Treatment” into sub-categories based upon the instructional units generally taught in treatment – Cognitive Strategies, Emotion Management, Social/Communication skills, Empathy/Victim Harm, and Relationships/Sexuality – and emergent themes observed in the treatment category – Group Processes, Medication, Substance Abuse, and Cultural Programming. I further broke down Cognitive Strategies into the more specific instructional components of treatment: Denial and Minimization, Crime Cycle, Relapse Prevention, and more generally, Cognitive Techniques.

By this point in the analysis, I had made some significant observations that helped to clarify the direction that the emerging theoretical framework would take. I observed that “Transformation” had emerged as a crosscutting, inductive theme. “Transformation” spoke to personal growth and changes to the self through the experience of imprisonment and treatment; this was precisely the essence of the research question. Particularly, I noticed that participants readily spoke of their past selves as different from their current selves. Other significant themes that were surfacing were “Choice”, which I later wove into “Agency.” Some themes, like “Self,” represented a blend between deductive and inductive analysis. The various themes that I had generated by this stage in my analysis are summarized in Table 1: Early Codes and Themes. These initial themes and codes were not utilized for the final analyses in each chapter, but this stage was important for two reasons. It enabled me to make the initial observations and linkages between data that guided subsequent analyses. Furthermore, through trial and error these early organizational strategies contributed to the development of my analytic process.

At this stage in the analysis, the most relevant data were organized under the three categories that were most closely related to moral habilitation and the research question: Agency, Self, and Community Integration. Initially, the predominant method was a theory-driven approach where I used key concepts in my theoretical framework as codes along with the theorized sub-components of concepts as subordinate codes. Additionally, I was always applying an inductive, data driven approach to identify potential themes that were not identified by my theoretical framework. The later stages of analysis were accomplished through an inductive, data-driven method. The identification and review of themes continued throughout all stages of analysis.

Table 1: Early Codes and Themes

Deductive/Theory-driven Themes	Inductive/Data-driven Themes
Treatment <ul style="list-style-type: none"> - Cognitive strategies, empathy emotions, communication, sexuality & relationships, medication, institutional processes 	Transformation & Change <ul style="list-style-type: none"> - Dysfunction, wellbeing
Community <ul style="list-style-type: none"> - Family & friends, social interactions, hiding, disclosure, sexual offender legislation 	Substance Abuse Victimization, History of Abuse
Self <ul style="list-style-type: none"> - Old self, current self, future self 	Mental Health Problems Religion & Spirituality
Agency & Choice <ul style="list-style-type: none"> - Motivation 	Support & Dependency Risk
Morality, Values, Beliefs	Withdrawal & Isolation Control & Temptation

Chapter 3 utilized deductive and inductive thematic analyses (Braun & Clarke, 2006), whereas Chapters 4 and 5 were written following strict narrative analyses (Riessman, 2008). The analytic approach for Chapter 3 differed from the others because I had a specific set of goals for what I wanted it to achieve. A deductive thematic analysis on the Agency dataset reorganized and reduced it along three codes derived from agency theory: Decision-Making, Growth/Learning, and Motivation (Cote & Levine, 2002; Frank, 2006; Martin & Sugarman, 2003; Martin, Sugarman, & Thompson, 2003). The rationale for choosing a deductive approach was based on the desire to establish that sexual offenders were capable of agentic striving and the deliberate engagement in agentic behaviours. Civil society, public discourses, and even institutional discourses tend to construct sexual offenders as incapable of desistance and habilitation. It was important to set the tone for the remaining analysis by demonstrating that those discourses that claim limits on offenders' capacities for growth are inaccurate and misleading. The analysis of Motivation in Chapter 3 was performed through an inductive thematic analysis. It was directed toward learning how motivation might be related to treatment responsivity and how participants' mobilized their wills to make sustained behavioural changes in their lives.

From that point on, my analysis became very specific and thus directed to only certain coded sections of the interviews based upon which elements could contribute to the final product. Narrative analysis, which is used to compare the different biographies research participants generate in their interviews (Riessman, 2008), was used to develop Chapters 4 and 5. The examination of men's varying stories of stigmatized selfhoods and social interactions constructed a much larger image of moral habilitation. The last two analytic chapters were both derived from narratives extracted from the data sets coded as "Self" and "Community

Integration.” I organized the raw data into narratives for each participant that included their descriptions of reactions from family and friends, stigma, and their emotional, cognitive, and behavioural responses to those situations. For Chapter 4, I focused on participants’ narratives of social interactions, their interpersonal responses to stigma, and the various means with which they would engage in impression management strategies. The analytical emphasis for Chapter 5 was on participants’ references to selfhood such as identity confusion, reactions to and overcoming stigma, and visions of the future.

2.5 Conclusion

Ethnographic research is inherently emergent because the relative lack of control that the researcher has over community and participant engagement translates into a continually evolving research process as the researcher navigates unexpected circumstances through improvisation and contingency plans. Emergence was a quality that characterized a large portion of this research. The research question, theoretical framework, and analysis were all modified and refined as the project progressed, culminating in a novel approach to the investigation of treatment and (re)integration for men convicted of sexual offences. The deductive analytic approaches taken in this research were especially useful for organizing data but also in demonstrating how individuals’ claims of performing certain activities, like self- reflection and agentic decision-making, are constructed in ways that can be referenced to theory. Inductive analyses are particularly useful for generating meanings around a particular concept, like motivation, and for making broad connections in seemingly variable behaviour that can offer new ways of theorizing processes such as moral habilitation.

CHAPTER 3: AGENCY, MOTIVATION, AND MORAL HABILITATION

I like to think of everyone as being in the same boat... like, I mean some people are further along than others but we're all just sort of broken people, trying to fix what's broken and find what'll make us whole, right? And like that's a big broad goal, but... within that... you have room to move around.... I kind of see myself as just someone who's trying to find the answer before I run out of time. You know, trying to find a reason to get up in the morning that I can care about. (Shane)

3.1 Introduction

Sexual offender treatment programs endeavor to morally habilitate those individuals who participate in them (Waldram, 2012). Moral habilitation is “the process by which individuals are morally remade in the image of certain ideals regarding appropriate social and ethical conduct so that they become “fit” to be among us” (p. 101). Autonomy and agency are central components to moral habilitation and, indeed, to any healthy life trajectory. In this chapter, I demonstrate how men narrated their transition from dysfunction to wellbeing through a language of growth, self-discovery, and goal seeking that is commensurate to the development of psychological autonomy. The acquisition and refinement of skills such as mindfulness, self-reflection, and decision-making set the psychological groundwork for the emergence of agency. The purpose of this chapter is to examine the narratives of treatment to learn what role values and moral goods played in men’s experiences of moral habilitation and agentic development. This chapter first sets the stage for the remainder of this dissertation by establishing that men who have sexually offended construct themselves as acting with increasing individual agency in ways that are consistent with theory on agentic development (Martin, Sugarman, & Thompson, 2003). The majority of the chapter then turns its attention to the motivational factors that spur agentic behaviour and its grounding in conceptions of morality.

3.2 Theoretical Overview of Agency

Agency is made possible through psychological autonomy, the human capacity to observe, think, and rationally choose a course of action (Chirkov, 2011). Psychological autonomy involves three psychological processes: (a) mindfulness or awareness of internal states – affective and cognitive – and external expectations and demands of the sociocultural context, (b) reflection upon these objects of our awareness and (c) rational decision-making that is based upon one's awareness and reflections (Chirkov, 2014). Autonomous functioning matures as cognitive development combines with life experiences, enabling the individual to become increasingly sophisticated in his or her reflection and decision-making processes. In this manner, psychological autonomy blends closely to the situated, emergent, and deliberative properties of agency (Martin et al., 2003). Agency is *situated* within a person's physical, biological, sociocultural, and psychological levels of reality that inform what is and is not possible along with that individual's subject position. It is *emergent* in that the individual begins life as a pre-reflective actor who gradually transforms into a self-reflecting agent through the capacity to remember and learn from experience. The capacities of self-reflecting agents to observe, interpret, reflect, and choose is what makes agency a *deliberative* exercise. Agency can be viewed as a form of "self-determination [that] equates with a kind of self-understanding that permits a deliberative, reflective activity in selecting and choosing, framing, and executing actions" (Martin et al., 2003, p. 114).

As reviewed in Chapter 1, agency inherently contains a moral aspect that is more or less articulated in its different theoretical formulations (i.e. Cote & Levine, 2002; Martin et al., 2003; Taylor, 1985). The sense of care formulated in agency theory represents a moral valence because it speaks to what is considered "good" or beneficial to the self or recipient of the agentic action.

The understanding that human subjects have for norms, expectations, and consequences of decisions contains an implicit morality because, “for psychological persons (agents), understanding always includes a kind of valuing – a finding of significance and personal meaning in the life-world” (Martin et al., 2003, p. 117). As socially constructed entities, values and personal meanings are always at least partially informed by models of morality embedded in the sociocultural environment. Building from Taylor (1985, 1989), Sugarman (2005) expanded upon the moral aspect of Martin et al.’s (2003) framework stating that individual goals are developed within a context that is inherently cultural and informs valuation of human ideals of behaviour, expectations, and life circumstances ultimately transforming these ideals into moral goods. These moral goods are essentially the same as primary human goods (Ward, 2002; Ward & Gannon, 2006; Ward & Stewart, 2003) because they become orienting principles in our daily lives that are rooted in normative ethics and valuations of worth. Consequently, agency is expressed by questioning what gives our lives meaning and what is important in our lives, along with our attempts to act out our lives according to what we believe are the answers.

The term “moral agency” is frequently used to identify agency that directly implicates ethical principles in decision-making outcomes. Moral agency attempts to differentiate between intentional behaviour that is guided by goals deemed to be morally or ethically worthwhile and goals that might be irrelevant to virtue. For example, Pasupathi and Wainryb (2010) wrote, “Moral agency can be defined as people’s understanding and experience of themselves (and others) as agents whose morally relevant actions are based upon goals and beliefs” (p. 55). The key phrase in this definition is “morally relevant actions” for it connotes an explicit, perhaps observable enactment of agency that directly invokes the deeper ethical principles of moral conduct that are formalized in society and are often expressed in criminal and religious codices.

In this sense of ethical conduct, moral agency is an obvious concern for the treatment and habilitation of men who have sexually offended. This chapter, however, examines agency in its broader moral sense of decision-making that is based upon the desire to improve oneself and live a “better” life. Differentiating between “agency” and “moral agency” muddies the conceptualization of agency for it suggests that ideas of morality can be separated from those of goals and agency. The theory of agency that I extend here asserts that all forms of agency involve goals and beliefs that are formed within a moral-cultural context. A more critical question to consider throughout this chapter is whether it is possible to act with agency in the absence of concern for the moral worthiness of potential outcomes.

3.3 Sexual Offenders as Moral Agents

The idea of being “broken” or psychologically damaged in the way Shane described at the beginning of the chapter consistently appeared in men’s narratives alongside a discourse of “getting better.” The moral trajectory of men’s treatment and (re)integration narratives was immediately obvious. Moral habilitation is human development that is specifically goal directed and implemented through an external source, in this case, treatment programs for sexual offenders. One of the implicit aims of SOTPs is to train participants to become self-regulating individuals who are better able to engage in agentic decision-making. Treatment specifically, and moral habilitation more generally, represent an example of governmentality, where dominating state-instituted discourses, structures, and practices are deployed to manipulate or control individuals into engaging in technologies of the self so as to remake their selves into a desired form (Foucault, 1988, 1978). Technologies of the self can refer to “a certain number of operations [that individuals might perform] on their own bodies and souls, thoughts, conduct, and way of being” (Foucault, 1988, p. 18). SOTPs represent calculated regimens that train sexual

offenders in a collection of exercises and routinized practices with the objective of reforming them into law-abiding subjects capable of being safely returned to the community. Self-regulation is taught through technologies of the self, starting with the very components that form agency.

In this first section, I connect the development of psychological autonomy to agentic capacity and demonstrate how these concepts are improved and expressed by research participants. The second section of the chapter is dedicated to the depiction of motivational forces that participants claimed guided their agentic pursuit of enhanced wellbeing. In the final section, I interrogate some of the gaps and inconsistencies in agency theory as it relates to the moral habilitation of men convicted for sexually based crimes.

3.3.1 Psychological Autonomy and Agency

Agentic decision-making emerges from the development of psychological autonomy, which speaks to the ongoing psychosocial growth and knowledge acquisition of human ontogenesis from a Western cultural perspective. For men who have been convicted of sexual offences, the current moral-political context dictates that their developmental trajectory requires moral habilitation in order to return to society. In this section, I demonstrate how narratives suggest the facilitation of psychological autonomy through treatment, the enhancement of self-awareness and self-reflection along a particular moral trajectory, and the combination of motivation with goal setting to support agentic decision-making.

3.3.1a Awareness and Self-Reflection

Men's descriptions of their treatment experiences and subsequent changes to their senses of self were indicative of the development of psychological autonomy and the progressive emergence of agency. Increased self-awareness was consistently reported in many different

forms. Some of these involved recognition of internal states, that is, participants' thoughts and emotions. Self-reflection was inherent to their narratives in the sense that much of the interview required participants to consider the more salient elements of their treatment experiences. Self-reflection was frequently expressed through themes of enhanced self-understanding. The forensic treatment model requires men to reflect on the circumstances of their lives that led up to and included their offences, but this process is not without problems like memory recall and the tendency for other group members to co-construct the target participant's narrative (Waldram, 2007, 2012). The men in this research described how reflecting on their past experiences within treatment contributed to their self-understanding, usually regarding the influence of childhood experiences, the possible role that substance abuse has had in their lives, and the specific circumstances contributing to their offences that are typically expressed through their "Crime Cycles."²

Miles was a tall and lean Caucasian man whose height and "rough around the edges" appearance could lend to an intimidating presence. Despite this outward impression, Miles was very friendly, easy to talk to, and insightful. He spent roughly 20 years in prison for what was at the time called non-capital murder. A few months after arriving in the federal penitentiary as a teenager, he was brutally assaulted, raped, and left for dead. He learned to adapt to the extreme violence and danger of prison by becoming violent himself, committing his only sexual offences against other men in the prison. I asked him what he learned from the SOTP. In response, he described how working on his Crime Cycle forced him to think back to his early memories of childhood up to the time of his offences:

² The Crime Cycle is a unit within the treatment program that has men reflect on the social, physical, and psychological contexts preceding each crime so as to develop a better understanding of why they committed their crime.

You gotta really pick your life apart and... lay it out on the table. [...] Us humans, we're like a vehicle, you know. Sometimes a vehicle breaks down [and] you gotta fix it, right? So sometimes we break down; we gotta fix ourselves type of thing. So... that's basically what I did, right. I took all my parts... but you know, from being in prison so long, I truly believe that parts of me were frozen in time inside of me... and I don't think I got some of them back yet.... I think some have come back and some are *slowly* coming back. I think it depends on me and how I adapt to the community, and make my daily life go on in the community.

To clarify, I asked, "So it's just like some things haven't grown at all?" "Yeah," Miles continued:

It's almost like I have to learn everything all over again. You know, almost like a small child. You know when a child is born, their parents [bring] them up through life, and that's basically what I'm doing *now*. And I don't feel stupid because of that. I don't feel like I'm *different* than anybody else. It's just the way my life went and it's the way my life is now. I'm sort of *enjoying* learning these things again. You know, because this time I'm learning them in a much more *positive* way than I did from a small child where I went [and] took the wrong roads and stuff.

Other men discussed developing awareness of others through the Victim Harm or empathy component of treatment. This part of the treatment program was often talked of as the most difficult and yet the most life changing. Tanner was a Métis man in his late 30s who had been sexually abused as a child. At the time of the interview, he was on probation from prison following a breach of parole conditions. Despite his own history of abuse, he claimed naïveté to the impact of sexual abuse on himself and his victims until he went through the Victim Harm component:

Well if I really... knew the actual pain it was causing, I wouldn't have done it. I didn't realize what I was doing. Like, you know it's wrong. Like you're told it's wrong, but when your body says, "It feels good, keep on going," you... it's 'whatever.' 'Cause it was done to me for so long. I went looking for it 'cause that was the only kind of love I knew, which I perceived was love. Which, that's a distortion itself, but then I went and I thought I was passing it on, like the caring and stuff like that. I didn't think I was causing any pain and stuff. If I knew actually... as much damage as I was doing, how much it was hurting, I wouldn't have done it.

Tanner produced a retrospective narrative to attribute his moral failing to ignorance. By explaining that he would not have offended if he understood the harm it caused, Tanner made a

claim for moral goodness but one that reduced offending behaviour down to a simple choice of to offend or not offend, as if agency is so easily dichotomized.

At the end of our interview, I asked Tanner if there was anything he wanted to add. He started out with, “No,” but then quickly shifted direction to reinforce a previous statement:

Like I said... I think the most important thing that we have to be aware of is our surroundings and be very aware of our feelings and stuff. Those are probably the most important things. If you're not willing to change, no matter what you do, no matter how much you think and stuff, you're not gonna change. You have to be willing and be on top of everything that's going around. Avoid... high-risk situations, avoid stinking thinking, as they call it.

“Stinking thinking?” I asked. “Yeah, in Relapse Prevention,” he explained:

You gotta be aware of this stuff and... people that are in touch with that would probably be very good people, you know, as long as they're willing to be honest with themselves and others. I guess that's the most important aspect that people like me have to be aware of if we want to kinda make it in society.

Awareness and avoidance represented a new value system that is presented as a path that the participant not only ‘ought’ or ‘should’ do, but also *must* do in order to become a better person. The adoption of this value system is the foundation of the Risk-Need-Responsivity (RNR) model of treatment and the moral habilitation of sexual offenders. It is part of a rigid system of normative ethics (Rottschaefer, 2009) that applies only for a small subsection of society. Furthermore, the narrative accounts that Miles and Tanner presented indicate that treatment activities such as the development of one’s Crime Cycle or participation in empathy training function as technologies of the self that repeatedly reinforced self-awareness and self-reflection that participants then directed toward their self-improvement efforts.

3.3.1b Decision-Making

Men described awareness and self-reflection as emerging through the criminalization and treatment process, and seemed to contribute to the development of new decision-making

practices reflective of agency. These new practices, or technologies of the self, included planning ahead for activities or places to avoid, being selective with whom to associate, self-care and respecting personal boundaries, self-monitoring thoughts and feelings, and taking proactive steps when problems are encountered such as seeking out support. Men expressed that they had made changes in their decision-making processes. These changes involved being more aware of consequences, maintaining a mindset based upon a determination to change, reframing negative events as positive learning experiences, and focusing on one's goals and potential options.

Jason could be held up as an exemplar for agentic decision-making. He was a Caucasian man in his early 30s who was convicted for molesting a young boy. Jason was a large, sincere man with a penchant for sarcasm and laughter. Like many other men in my study, Jason had also been sexually molested as a boy. He described how his conviction initiated a chain of events that culminated in a transformed self:

After my court date... I just woke up one day and said that this can either be the *worst* thing in my life and it could... drive me *down* or I could use it as a stepping stone to *learn* and to move on.

His mindset from that day forward was focused on his goal of never having another victim. "It wasn't easy, but with the mindset that I had and that *ultimate* number one goal... I said, 'Okay, I gotta do this. Like I don't know *how* I'm gonna do it, but I gotta do it.'" It was as if he was driven by some moral imperative. Jason had been out of the correctional system for ten years when I interviewed him. In that time, he had struggled with depression, finding meaningful work, and developing relationships; but he also talked with pride about how much he had learned about himself, his thoughts and feelings, and how he had never even thought about reoffending.

In several instances, Jason described events whereby he had to assert himself, sometimes to go against treatment protocol, in order to better himself. He eventually came to identify

himself as a homosexual man and described to me how he worked to develop his attraction to adult men instead of boys. Although he was at first skeptical, he made use of the phallometric sessions that are part of the treatment process. In these sessions, an instrument called a plethysmograph is attached to the inmate's penis to measure tumescence while watching various types of pornography. The purpose of phallometric testing is to measure men's arousal to different sexual stimuli – including hard-core, violent, and child forms of pornography – and ascertain their ability to control their arousal.

I went through the first couple of sessions... watching all this porn on tv, but then [the technician] goes okay, “Now, I *don't* want you to get any kind of arousal from it.” And so we worked on that for, I think it was every other day for *weeks* because there'd be times where I said, “You know I started getting aroused by that and I know I shouldn't so we need another session.” Like, I actually *prolonged* it by a number of sessions with the guy that was doing it at the time and he said, “Well, I don't see the point.” And I said, “*I do.*” I never ended that until I... learned how to *control* it a lot better. Then once... you're programmed not to get aroused to *that* then you have to find something else and so then I just started fantasizing, trying to do age-appropriate [men].

In another instance, Jason described his time in a halfway house when he had more free time than the residents who were required to do substance abuse programming. “I got myself a bus pass and I literally spent probably about two weeks of riding the buses getting to know the city.” The outcome of his decision was very beneficial to his (re)integration process. He explained:

I was proud to say when I moved out of the [halfway house], I knew every bus route in the city... which helped me... plan to get to different areas of the city for jobs, for appointments, for looking for apartments, because I already knew if it was close to the bus route or not.

Technologies of the self operate through the construction of docile bodies that willingly subject themselves to a prescribed regimen (Foucault, 1977; Rose, 1996). Sexual offender treatment programs are presented as the only option for change (Waldram, 2012), which may encourage docility in the subject to invest in the treatment process. Consequently, it seems likely that

agency in men like Jason is strongly influenced by the lack of alternative recourse.

3.3.2 Struggling with Agency: Carl

The ongoing process of becoming aware of and reflecting on circumstances or behavioural patterns can be a difficult process, by some accounts, which can impair motivation and decision-making. Carl was a 40-year-old Caucasian who fondled a pre-school girl and served time in a provincial institution. He described to me his attendance in a moderate intensity treatment program where there was little rapport between him and one of the program facilitators. It ultimately led to him “shutting down” or disengaging mentally from the program. My understanding was that he completed the program, but I wondered to what degree he had actually assimilated the information into practice. During our two interviews, Carl only occasionally invoked the treatment language, and to a much lesser degree than men in treatment (Waldram, 2012) and the other research participants in this study tended to do. Nor did he show much awareness about his behaviour and its implications. He often punctuated his talk with the phrase, “What do you do?” that left a sense that he felt cornered into inactivity or helplessness; it was a classic victim stance. Carl professed that he was in a “vicious circle” where he was “*still* dealing with the same thing” after two years. It had been five years since he was released from prison. He was stuck and did not know how to move on with his life. Carl talked about having depression and it seemed like he was caught in its snare at the time of the interview.

I also questioned the degree to which Carl had honestly reflected upon his past actions and current situation. In one of his rare engagements with treatment language, he acknowledged that he did cause harm to his victim, her family, himself, and his own family. When I asked him to reflect upon his decision to offend, he described to me his thoughts and what he subsequently learned about the situation:

I see what happened. I see how to correct it. I see how to prevent it. Do I see how I ended up there? Yes. You get desensitized to certain things or your own mind says, “Screw it. I’ve never gotten any help, might as well give caution to the wind.” ...Basically what I... got charged for, I grabbed one of the girl’s bums. And... right away when I did it, I went, “Too far.” I said to myself, “You went too far,” and I told myself, “They’re never [going to] come over again.” Next week I was charged.

Carl appeared to demonstrate awareness and reflection as he continued to describe how he pled guilty, recognizing that his “mind’s not going in the right direction,” and he admitted that if he had not been caught, he likely would have taken the offending behaviour further. But, he then employed language that minimized the event. Describing a difficult social situation with a friend’s wife and her young daughter, Carl declared he was charged with “excessive tickling”:

One situation with that friend... I got to know him and then his wife very well so... we were talking kind of privately and his daughter came over and was kind of being a nuisance. So I knew I could probably just scare her or run her away cause... kids are kids, they like to play. And so I went down, “I’m going to tickle you and scare you. I’m going to get you.” And because of the fact that that’s what I consider I was charged with is excessive tickling and with intent I went, “Okay, oh boundary there. I better watch my butt.” But yet it’s just a kid, just wanting to have some fun. And I knew... like when I go there, I know exactly what would happen. And that’s *exactly* what happened and we just went on talking.

Afterwards, the friend expressed outrage to Carl that he dared touch his child even in that open context. Carl identified his intentional awareness to maintain a boundary, but yet his awareness did not extend to his minimization of the offence and consideration that parents may have very different ideas of appropriate interactions between him and their children once they are aware of his history.

Reflexively, I recognized that my own biases were triggered by Carl’s narrative. Like others in forensic psychology, I buy into the assumption that risk to reoffend is mitigated when past sexual offenders demonstrate awareness through utilization of treatment discourse and implementation of a relapse prevention plan – often evident through men’s decisions to avoid “high risk” situations. Carl’s minimization of his offence and his failure to demonstrate

avoidance of children was a point of concern for me. He was not talking the talk, so I could not help but wonder if he could walk the walk. I also wondered if he was being honest with himself and I was somewhat disturbed with the thought that perhaps he still wanted to interject his self into children's lives just a little too much.

Along with his dwindling sense of hope and contradictory reflections, Carl also seemed impaired in his ability to make and follow through on agentic decision-making. I asked Carl if there were things that he learned in treatment that were not working so well for him. "Well I guess, yeah, closing myself off," he replies. "That's probably, it *is* probably one of the worst things that you can do... but it's been hard to go back," referring to meeting acquaintances when he could not seem to make any headway in his life. "You can't see the light at the end of the tunnel." In conjunction with not being able to move on with his life, he also seemed to rely too much on distant and potentially unrealistic goals, all of which are contingent on him getting a pardon:

My goals really can't start until my pardon comes in, which is the hardest thing right now. I have no short terms goals. I could probably go back to school but [with] finances right now, I can't. I wouldn't mind taking some psychology courses and maybe pursue that.... I applied for [occupation] and I got accepted, but again, charges came up. So I can't take that until my pardon comes in.

Ongoing health problems combined with required criminal record checks made it difficult for Carl to find work. He was fixating on the future and not able to focus on what he needed to do in the present. On the whole, whether it is just a transient phase in his life or a more enduring characteristic, Carl was struggling with his sense of agency. In the absence of tangible goals and with his feelings of helplessness, he seemed hard pressed to take intentional actions that would enhance his wellbeing.

3.3.3 *Summary*

Autonomy theory suggests that reflection, awareness, and decision-making pertaining to internal states, external phenomena, and values are the cornerstones of psychological autonomy and self-determination (Chirkov, 2014). These characteristics of psychological autonomy and agentic decision-making were all evident in the narratives of this research. Awareness, reflection, and decision-making are all crafted in sexual offender treatment under a regime of power, coercion, and narrative re-employment where inmates' stories become reconstructed by the group process (Waldram, 2007, 2008, 2012). Paradoxically, agency appears to be facilitated through a moral habilitation process that actually limits one's physical and psychological autonomy under subjection to the state apparatus. This subjection represents the making of docile bodies who have chosen or allowed their subjugation to the governmentality of treatment (Foucault, 1977, 1988). Spontaneously emerging agentic development, the kind that grows incrementally through the life course, differs from the agency emerging from moral habilitation. Moral habilitation, although it prompts agentic behaviour and seemed to be beneficial for the men in this research, is more of a parallel "fast-track" process whereby coercion, incentive, and science all combine to fashion and regulate new pro-social moralities. The constellation of these various regulatory forces comprises the fashioning of new subjectivities through governmentality and treatment-enforced technologies of the self (Dean, 1994; Foucault, 1977, 1978, 1988; Rose, 1996).

Narrative psychology and theory problematizes moral habilitation and the cognitive-behavioural treatment paradigm by suggesting that the denial, minimization, and cognitive distortions that are targets for treatment are normative instead of being indicators of deviance (Waldram, 2012). Consequently, the governmentality of treatment can be critiqued as operating against the narrative paradigm with which people make sense of their day to day lives (Bruner,

2002). Waldram (2007, 2008a, 2010, 2012) identifies this paradigmatic conflict as a source of confusion and frustration for men in SOTPs and indicates that responsivity may be improved if treatment facilitators worked within the narrative framework instead as adversaries to it.

With access only to retrospective narratives of treatment from a collection of men who for the most part described life improvements, the moral habilitation process noted in this research took on a less problematic and more beneficial hue. It instilled a new moralizing awareness and subjectivity for participants not just through recognizing past harms but by introducing a new belief system based on the values projected by treatment staff. Honesty with oneself and others is one aspect of this value system. Another aspect is vigilance to the ongoing introspection and self-monitoring of one's thoughts, feelings, and behaviours. Many men accepted these perspectives and practices as part of a new way of life for them. This value system, while on one hand insisting that treatment participants are good men who have committed bad acts, on the other hand illuminates a prescribed behavioural pathway to becoming a better person. Maintaining these practices becomes one requirement in the broader goal of moral habilitation.

3.4 Agency and Motivation

Goal setting and motivation are central elements of agency. Without a theoretical consideration of motivation, we are unable to account for either an individual's impetus to act in a particular manner (Frank, 2006), or the value of his or her desire for one goal over another that is a core part of the moral evaluation that defines agency (Taylor, 1985). Without the consideration of the source of one's motivation, it is difficult to establish if an individual is acting with self-determining psychological autonomy or with a controlled agency that Chirkov (2014) described as unreflectively acquiescing to sociocultural prescriptions. Moreover, agency

involves more than psychological autonomy. It also involves the capacity to will, to commit oneself to an action or course of action. As experienced, “will” involves a sense of ownership toward an act, a sense of goal-directedness, and the sense of placing effort or energy into completing the act (Throop, 2010). It is relatively easy to develop and have goals, but to assert the will to achieve those goals is the real challenge. Can a person be truly agentic if s/he is insufficiently motivated to follow through on her or his decisions? Or are there other motivations of which we are not aware? This next section discusses the different goals and motivations articulated by participants.

In forensic psychological theory, motivation is one of several factors that contribute to treatment responsivity (Looman et al., 2005). The responsivity principle of the RNR treatment model asserts that offenders are more receptive to treatment when it is delivered in a manner consistent with their learning styles, abilities, and other individual characteristics such as intelligence, education level, interpersonal skills, social anxiety, personality, and psychopathology (Andrews & Bonta, 2006). Despite being a key factor in treatment responsivity, motivation has been narrowly construed and largely under researched (Andrews & Bonta, 2006; Looman et al., 2005; Robertson, Barnao, & Ward, 2011; Tierney & McCabe, 2002), possibly because it is difficult to assess, particularly if the offender is attempting to manipulate the appearance of his motivation (Hanson & Bussiere, 1998; Mann, Webster, Schofield, & Marshall, 2004). Indeed, as Looman et al. reviewed motivation – which is sometimes conflated with the phrase, “treatment readiness” – it became evident that motivation is conceptualized in a manner that is exceedingly narrow. Typically, it is presented as an objective factor that can be operationalized, measured, or even pathologized as some form of deficit. For example, Barrett, Wilson, and Long (2003) used five indices to measure motivation: acceptance of guilt and

responsibility, willingness to disclose personal information, desire to change behaviour, and treatment participation, all of which were based on clinical observations. This measure is problematic for several reasons. First, motivation is only considered in the context of suitability for treatment and completely neglects the broader context of one's life goals and vision for the future. Second, responsivity and motivation in forensic psychological theory place a near exclusive emphasis on cognitions and behaviours while offender emotions or affective concerns are not well considered. Furthermore, given Waldram's (2010, 2012) critique that narrative strategies to minimize or limit responsibility for offences is normative, one could argue that all sexual offenders could appear low in motivation prior to learning and replicating the discourse of moral habilitation.

What follows is an experiential account of sexual offenders' motivations to change and improve their wellbeing. In men's narratives, motivation was spoken of in ways that I categorized under four general themes: Unfulfilling Life, Better Life, Support, and Mindset. There was significant overlap and interconnectivity between these different themes that speaks to the depth and complexity involved in making substantial changes to one's life.

3.4.1 "Unfulfilling Life"

Feeling that one's life is empty and insufferable can be a powerful motivator to change according to the participants in this research. "Unfulfilling Life" was expressed through statements such as: "I just got tired of being the way I was" (Mel), "I hit rock bottom" (Miles), "It was time to straighten my life out" (Walter), "You wanna deal with your issues" (Evan), and "I didn't want a part of this any more" (Myron). It was a common theme in men's dialogue that identified the impetus behind their willingness to change. An "Unfulfilling Life" functioned as

an extrinsic motivator to “push” participants into moving away from their past behaviours and seek something better.

Often, a participant’s recognition that he had finally reached his tolerance threshold of unhappiness and dissatisfaction was triggered by “hitting bottom” so that he felt as if he had no choice but to change. Mel described his experience:

I think I done twenty-four, twenty-five years before *I* come to the realization that I wanted to fight the system for all those years. And then, finally I hit rock bottom, and I was in my cell one day, and the walls were coming in, and then the floor and everything was closing in on me, and I said, “Mel, you know you have three choices here. You can get a rope. You can hang yourself. You can go on living like you’re living and probably *never* ever get out of prison, or you can change.”

The idea of “choice” came up frequently in interviews, often in the context of making the initial decision to change their lives, but also in discursively constructing that decision as having “no choice.” The prospect of remaining in the unhappy, unfulfilling state of mental suffering was not considered a tenable option.

A minority of participants declared that part of their initial willingness to attend treatment was to obtain parole or receive a lower security rating in order to transfer to a more desirable – typically minimum-security – institution. Treated sexual offenders can also be given a lower rating of risk to reoffend when on parole that can pre-empt the possibility of community notification. This pragmatic and arguably less virtuous motivation to take part in a SOTP was considered one way to improve the quality of their lives, if only in a superficial manner.

3.4.2 “*Better Life*”

Where an “Unfulfilling Life” was the force behind moral habilitation, the desire for a “Better Life” drew men into the efforts of effecting life changes. This theme captured participants’ descriptions of their goals and desires for the future, and represented the “pull” towards self-improvement and personal fulfillment. It was most often situated in the present

tense during interviews and spoke to participants' motivations to continue their developmental efforts into the future. The goals that men identified as being part of a better, more desirable future were framed into sub-themes: "Relationships," becoming a "Better Person," and "Staying Out of Trouble." Relationships encompassed participants' goals to engage in future romantic partnerships, to develop or maintain friendships, and for some men, to regain access to estranged children. The men, especially those recruited through a Circle of Support and Accountability (COSA), often clarified that they had learned a great deal regarding what defined healthy social interactions, and attributed the dramatically transformed the quality of their social lives to these lessons.

The desire to become a "Better Person" represented more than just the pursuit of moral goods. Transforming into a "Better Person" was narrated as a symbol of men's goal of obtaining a sense of worthiness and respect in society; it was the embodiment of becoming morally habilitated. Ensuring that they did not have any more victims was an implicit part of this theme. "Better Person" was exemplified in phrases like: "[I'm] just trying to be a better citizen and... a better in society person" (Luke), "I'd like to be a good person for society" (Mathieu), or just simply "[to] better myself" (Jason). Other men utilized language that suggested the attribution of an illness model of their sexual offences. Danny, for example, was participating in a community maintenance program while on parole and emphasized, "My problem right now is getting treatment, getting better."

Some men situated their desire to become a "Better Person" in the past tense as their primary motivation to escape an "Unfulfilling Life." The implied illness model was present in some of these statements as well: "In order to get myself better and to learn and to grow, this [was] something I had to do" (Chris). Evan, a traditional First Nations man, connected his

habilitation to spiritual healing: “You wanna walk around with a clean soul or carry it around in here (pointing to chest).” Jacob’s assertion that, “I wanted to understand more of why I did what I did,” suggests that part of becoming a “Better Person” involved the acquisition of self-knowledge to prevent future offending behaviour.

Closely related to becoming a “Better Person,” another motivation underlying the idea of constructing a Better Life was identified as “Staying Out of Trouble.” This was a straightforward sub-theme that described goals such as staying out of prison, having no more victims, or staying sober. It overlapped somewhat with “Better Person” in that “Staying Out of Trouble” or prison was claimed as a marker of self-improvement.

“Better Life” was a future-oriented vision that participants desired instead of the “Unfulfilled Life” they had been living. Sexual offenders’ motivations to make a “Better Life” for themselves were no different than what would be expected for nearly anyone who desired contentment in life. Participants described what most of us want from life – meaning and fulfillment, happiness, comfort, and wellbeing – features that are consistent with the moral goods that contribute to one’s idea of a “good life” (Taylor, 1985, 1989; Ward, 2002; Ward & Gannon, 2006; Ward & Stewart, 2003).

Feelings of relatedness, autonomy, competence, and self-esteem are important for our psychological wellbeing (Deci & Ryan, 2008; Kitayam & Markus, 2000; Leary, 2005). When asked what kind of person each wanted to be in the future, the men in this research almost invariably responded in ways that elicited these needs along with the moral goods that contribute to the ideal “good life” (Ward & Gannon, 2006). The common responses participants gave to describe a “Better Life” were to be happy, have a relationship, obtain satisfying employment to gain financial security, and spend time with friends and family. Helping others and generally

becoming a law-abiding citizen were also identified. Several men stated that they were happy with who they were now and could see their future as not much different other than a continued progression of growth and learning. Taken together the thematic categories of participants' goals along with their desires for their future selves presented an impression of the kinds of goals that, if tapped into as a treatment resource, are likely to enhance motivation to change.

3.4.3 *"Support"*

"Support" along with the encouragement it offered was important to all men in this research and it was received from various sources. Most common among these sources were family and COSA members. Stigma often drove men's previous friends away so they had to make new ones, something that was difficult for most. "Support" was a less common theme, but one that was more prevalent among men who might be said to have an intellectual disability. While support was deemed a crucial part of successful (re)integration, particularly among participants who were recruited from a COSA group, it was only with two of the three intellectually challenged men where "Support" was indicated as their primary motivation to commit to moral habilitation. Incidentally, these two men were recruited through a COSA and had not reoffended despite being subject to the Section 810 Recognizance order³ that was sought for high-risk offenders. Support for them included strong encouragement and frequent contact with their COSA "friends." Todd described his main motivator for not reoffending as having "respect and compliments from others." For Dennis, his success came from having "a *very* good nurse that... put [treatment lessons] a way that I could understand," and knowing, "I had a support when I come home."

³ Named after Section 810 of the Canadian Criminal Code of Conduct, this recognizance order is applied for by provincial authorities when men who are offenders and no longer under correctional jurisdiction are still considered at risk to reoffend. It allows the state to place conditions and limitations on the individual as if s/he was on probation or parole.

Respect and self-worth were more salient for the lower functioning men, possibly because they had the additional stigma of intellectual disability that may have opened them up to more disrespectful experiences than others might expect. Dennis was a repeat offender who was in his early 50s. He was Caucasian but talked about how he liked to participate in traditional Aboriginal activities because he felt included and they helped him feel good about himself. Dennis's intellectual disability was manifested in his responses, which tended to be brief and simple. Asking Dennis what he thought about the negative discourses on sexual offenders in society, he first responded indicating people should not "listen to gossip," suggesting that it was best to ignore negative messages. But then he related a bothersome incident that occurred twelve years previous. "You listen to that [message], you gotta change.... [Sexual offenders] could change.... A doctor from the hospital... says that, 'I'm a sex offender. I'm no good for nothing. Throw the key away.'" Surprised, I sought clarification: "She said that to you?" "Yeah. Right to courts," he continued. "I listened to that garbage she told court. I got no respect... [but]I proved her wrong. She said to the judge, 'Throw the key away,' that I was untreatable and I told her something. I says, 'Watch me change.'" The disrespect Dennis perceived by being written off as a lost cause appeared to catalyze his determination to morally rehabilitate, which he was able to commit to through the support and encouragement of his COSA.

3.4.4 *"Mindset"*

In order for sexual offender treatment to be effective, most participants indicated that a "Mindset" characterized by will and determination was required. This theme was spoken of in a manner that subtly acknowledged the coercive nature of treatment while simultaneously claiming the value of giving in to the process. Having the proper "Mindset" meant making a commitment to change and then exerting the will to authentically engage in activities such as looking at

oneself honestly and following the advice and guidance of others. For example, Kevin, a Caucasian man in his early 40s, said, “That’s kind of one of the things that helped me I think in the program... was because I was so willing to put it out there and you know, share.” Miles provided a statement that succinctly described how goals, life vision, and determination are central to this theme: “You have to make a commitment to yourself, that you wanna change, and you have to do the work.”

As noted, “will” consists of three experiential vectors: a sense of ownership, of goal-directedness, and of expending effort (Throop, 2010). Jason used “Mindset” to describe the kind of determination and effort required to carry through with a process that was fraught with fears, uncertainties, and ongoing struggle. It seemed to capture the experiences of other participants, as well as the essence of willingness as articulated by Throop. Having the kind of “Mindset” needed to change oneself meant putting in active effort and often using every available resource to make it happen. The following set of excerpts illustrates the experiential nature of willing in all three vectors. Jason described his decision to change:

I said, “I’m never going to have another victim...” *That was my goal.* I woke up with that in the morning and went to bed with that as a thought at night and what is it going to take for me to get there? And that was the mindset that I took.

I later asked him if sexual offenders could be good people to which he responded:

They can, yeah. Like my experience... it can take a long time to get over that... but when the person is determined and, you know, willing to do the anything it takes to get to being *good* then yeah. I certainly believe that people can change.... Anybody can change if they want to.... As long as the determination and willingness is there, then you can find a way. Like my way was through *jail* and that was the only way that it could’ve happened.

Tanner used “frame of mind” to describe more of the deviant “Mindset” that enables offending, but can also imply the kind of “Mindset” needed to change:

I’ve known people to take [treatment] and get out and they’re still in that deviant frame of mind. I’ve confronted them on their actions and they get really aggressive because, “No,

I'm cured," or whatever, but they're not. You can tell by what they're doing, the way they're acting that they're not. [People] have to be willing... to look at themselves and figure out that what they're doing is hurting somebody.... So it all depends on their frame of mind and if they're willing to look at themselves and say, "Okay, I don't want to do this no more." That's about the only way you can get somebody to change. You can give them all the courses you want and stuff, [but] if they're not willing to it's not going to help.

Jason and Tanner, as well as other participants, explicitly identified goal-directedness and effort as part of their habilitation. Moreover, the phrases, "Mindset" and "frame of mind" connoted a sense of ownership in that their willingness, or lack thereof, was embedded within a cognitive and emotional structure.

I was curious about the source of this sense of will, of what gave my participants that final push in motivation to commit to a new path. For Tanner, it came from the Victim Empathy unit of treatment. In his words, "It *really* came out there, 'cause I *really* realized what I was doing was actually *hurting* them. So that's a major part, but everybody has a different place where it comes from." Shane, an intelligent, philosophical, and highly self-reflective Caucasian man in his late 20s had mental health issues that contributed to his conviction for possession of child pornography. For him, self-change was an active choice and process:

I really don't know.... It's just sort of something that I came up with that helps, like just... being deliberate.... The more intentional and deliberate we are, the more chance we have with succeeding in anything.... A lot of people just coast and think, you know, whatever comes, comes, and whatever I do, I do. And I don't know. That just leads to stupidity and problems. And you know, I don't want to wind up in jail again. I don't want to hurt anybody. I don't want my family to have to go through anything more than they've already gone through. Or my girlfriend, or my friends.... Maybe I just realized for me anyway, not doing those things requires a deliberate effort. So it's kind of more out of necessity than even out of a driving desire.

The third vector of will is the expenditure of effort (Throop, 2010). As Shane talked about the necessity of change, he employed the notion of "choice" like many other participants had as they described their "Unfulfilling Lives" as a motivation to change. Shane found the will and

determination to expend effort because any vision of a self or a future where he did not change was simply no longer a feasible option. Jason, too, highlighted how active effort was needed but not always present during treatment:

Treatment will work as long as the person is willing. Like the old phrase goes, you can lead a horse to water but you can't make him drink. That's basically what it is. The good thing is that most of the people who I met at [treatment institution] *do* want to change, but you know it's, "Yeah, I want to change" [mimics a casual tone]. No enthusiasm. No drive to get anywhere. They just want to be magically changed.

Motivation is sometimes separated into intrinsic and extrinsic forms. For example, Self-Determination Theory (SDT) conceptualizes motivation along a continuum that starts with amotivation, followed by extrinsic motivation, and ends with intrinsic motivation (Deci & Ryan, 2000). Extrinsic motivation in this theory is considered less autonomous than intrinsic motivation since the activity, in this case treatment, is not considered rewarding in and of itself. SDT influenced the development of the Good Lives Model by identifying that the intrinsic value of primary human goods, or moral goods, tend to be more effective at motivating individuals (Ward, 2002; Ward & Gannon, 2006). SDT makes reductionist claims and attempts to categorize motivations into deterministic and reified forms that gloss over the complex and shifting layers of lived experience that complicate human motivations. That said, this theory does illustrate how motivation can be experienced along a continuum of willing engagement that can represent the growing sense of ownership that Throop (2010) identifies as a vector of will. Describing instances of minimal engagement in treatment, men would identify their motivations as derived from the desire for transfer to a lower security institution or lower category of risk to reoffend. The motivation to engage in treatment was always constructed as an extrinsic motivation since it was considered a difficult means to a desired end. Even men like Jason who were highly motivated to learn what they could from treatment described the process as awful to undergo.

3.4.5 Summary

Men who have been treated for sexual offending described multiple motivations for past engagements in treatment that, along with their actions and beliefs revealed during interviews, simultaneously represented different degrees of extrinsic motivation. Any attempt to reduce these different sources of motivation to a singular, reified form would mask the complexity of their engagements, both in their experiential sources and their degree of self-determination.

Noteworthy, the manner in which some participants narrated their treatment engagement suggested a progression from lower to increasingly self-determined motivation in ways that paralleled the pre-contemplation, contemplation, preparation, action, and maintenance stages of motivation (Prochaska, DiClemente, & Norcross, 1992). However, this conventional application of motivation theory did not appear to apply for all participants. An important implication of this research is that it appears deceptive to suggest that many men begin SOTPs with little or no motivation (i.e. Marshall & Moulden, 2006; Wilson & Yates, 2009); rather, these men are more likely to have multiple, perhaps even competing, motivations that are rendered invisible by the narrow operationalization of motivation in the means of assessment and clinical environment.

3.5 The Motivation to Resist Treatment

Sexual offender treatment involves submission to a process whereby participants have questionable authority over their personal narratives and are subject to the interrogations of both treatment staff and other participants (Waldram, 2012). Willingness to submit to this model is hindered by competing motivators and what appears to be a cost-benefit analysis of participation. The potential benefits are obvious: decreased recidivism, self-development, enhanced life skills, early parole, and a decreased risk classification that can prevent community notification upon release.

However, when thinking about treatment responsiveness, it is vital to also understand the costs that affect motivation. On the forefront of costs is the risk that participation in a treatment program can open an individual up to violent attacks from other inmates if his status as a sexual offender becomes public knowledge (Waldram, 2012). Self-determination may also be at stake in that subjection to the treatment paradigm involves a paradoxical decrease in autonomy, keeping in mind that a highly agentic or driven individual may view the temporary loss of autonomy as necessary for his future wellbeing. The risk of having to deal with sensitive emotional issues in a group setting is a significant reason many balk at treatment, as is a lack of trust of the correctional system. Lastly, an incompatibility between the mainstream treatment model and the values embedded within traditional Aboriginal approaches to healing can also present a significant barrier for Aboriginal offenders. In this section, I present the experiences of several different men who resisted or were critical of treatment.

Walter was the only man who I interviewed that had not taken a SOTP. He was an older Caucasian man who had a long history of substance abuse and sexual offences. He served a full 14 years without parole for his most recent offence, which he said was based on a false accusation. Learning that Walter did not take a treatment program, I asked him about his choice.

I had options, like you know, I coulda went to [treatment institution] but I didn't want to. I'm not into writing an autobiography, which you gotta do and I don't like living in the past. I live for today 'cause it's... I'm fifty-[some] years old now so there might not be tomorrow, you know, 'cause of my [health] and stuff.

Questioning further, I asked, "What put you off taking it? A lot of people agree to do it just to get early parole, right?"

Yeah and that's one of the reasons I didn't go is 'cause I knew, like even if I would have got... parole, I still didn't have no where to go, you know.... That and I liked my job that I was doing at the pen. I just knew, I didn't have nobody out here [in the community] so, I just figured, "Well, I'm going to do the whole bit and that'll be it." I didn't know the publicity thing was going to come though.

Walter was subject to a community notification of his prison release and acknowledged now that “If I would’ve taken treatment... I probably wouldn’t have had the high publicity thing when I got out,” which suggests that had community notification laws been in place earlier in his sentence, he might have been differently motivated to participate in treatment.

Regan was a Métis man in his mid-60s who had only the one criminal offence to his history. He was convicted of sexual assault against an underage friend and had been released on parole a month prior to our interview. As for being Métis, he did not readily identify with any traditional cultural values except for entrepreneurialism and a strong work ethic. When it came to treatment programs, Regan had a need to maintain his privacy that acted as a competing motivator that affected his responsiveness to treatment.

I have to go through [maintenance programming] and... if I didn’t I’d... have to do another thirty days.... I’m going through programming, not totally understanding kind of why I’m there or the outcome of what’s going to happen, I’m not there yet.... Right now I don’t know. I know I’m uncomfortable and there’s some true feelings I have that I might say to you that I probably wouldn’t say in there. As far as I’m concerned, my life is none of those parole guys’ business. Never has been, it never will be.... My life is forced to be there... but I’ve always had kind of a personal life.

Regan’s narrative was fairly representative of the resentment and reluctance men described experiencing when it came to submitting to the coercive state power.

A Saulteaux man in his 50s, Evan went through the residential school system and identified strongly with his traditional teachings. Other than mentioning alcoholism and getting an underage girl pregnant, he did not disclose very much of his past to me. Evan did not actually open up very much on a personal level, instead used second and third person language to talk about his experiences. This tendency was not so surprising considering that trust and sharing were closely connected values for him. In the correctional system, every detail pertaining to an inmate’s criminal and treatment history is recorded in files and becomes the primary authority

and “truth” with respect to that individual (Waldram, 2007, 2012). The recording of these details not only erodes the trust of inmates but it also runs counter to Aboriginal healing approaches where Elders have a higher standard of confidentiality (Waldram, 1997; Waldram et al., 2008).

Evan explained to me the problems with trust and confidentiality:

I used to talk to my friends who wouldn't talk in the groups, who wouldn't share anything. They don't share it in the group because [then] CSC (Correctional Service of Canada) has it. When CSC's got it they use it on you all the time. So if you don't say anything, how can they use it against you? But if you *say* everything, they're gonna hold onto it as long as they could.

“How?” I asked him. “The paper work trail?”

Paper work. Everything. Make you go to programs, things like that, deal with all these issues. So a lot of people don't talk about it because they don't want anything to happen. You can give it to them and heal but they'll hold you longer cause they got all the information. An Elder, you can tell them something and they don't go and repeat it. It's just a part of their job I guess. I don't know, trust. [Men] go and tell [CSC] and then bang, you're gone into a meeting right away and they're going a hundred miles an hour.

Similarly, Danny, a young Cree man said,

One of the psychologists asked me why I stopped coming to see him and I told him, “Because you write down everything I say and then everybody else knows about it.” He's like, “Oh,” and I go, “Yeah. Don't trust you no more,” and I walked away from him.

Negative agency is the “refusal to cooperate” in situations where self-determination and autonomy are highly constrained, and where compliance with an activity is expected (Wardlow, 2006, p. 14). It is a form of resistance to procedures or traditions that one is not in control of and cannot be changed or evaded in any other practical manner. Resistance to treatment or particular aspects within it can thus be viewed as an example of agency on the part of subjects who disagree with established practice, particularly with Aboriginal men who feel threatened by correctional procedures.

Participation in sexual offender treatment is an emotionally difficult process. It can bring up feelings of shame and guilt to do with one's crimes along with memories and unresolved

feelings stemming from childhood abuses. Evan alluded to the difference between mainstream treatment and the value of his Aboriginal healing practices:

There's more to life than just sitting there talking about those things. You gotta be able to *heal*. You can't sit and heal there if you [are] crying all the time. You gotta be laughing. You gotta laugh and forgive yourself and move on. But when you forgive yourself, you're supposed to leave that stuff right there. But working through with CSC they keep digging it up, digging it up, digging it up, making you feel bad over and over and over. Wouldn't you carry that bad feeling every time you deal with that? People feel worse than when they go in there. And then you dig up all that garbage and they're left carrying it around and it's all fresh in their mind. Of course they feel bad.

Evan used traditional ceremonies, talking circles, and Alcoholics Anonymous in his self-directed healing process. These activities seemed to validate his sense of worth as a human being, allowing him to move on, whereas his description of the mainstream approach seemed to elicit a pervasive sense of shame that degraded one's self-worth.

The focus of SOTPs is a narrow one that only addresses issues that are directly related to the offence. Details from an inmate's history, including their own victimization, are considered irrelevant unless they bear immediate relevance to the individual's Crime Cycle (Waldram, 2012). This narrow definition of "the problem" presents a barrier to treatment responsiveness.

Danny explained part of his frustration:

I tried to deal with some of my other issues but when it came down to the report, none of those other issues that I was dealing with ever came up.... Nothing said that, "Danny [Surname] was engaging in looking at himself and looking in himself and really dealing with some of the issues that he needs to be dealing with." None of that was said. Just only things related to the treatment, that's it. And some of those issues that I was dealing with *were* related to treatment.

He also described how this narrow scope was enacted in the group sessions:

Say I'm having a day where everything's going wrong and I'm getting stressed and angry. Whoopdi-do. I brought that up in group but we're not gonna deal with it. But as soon as I say, "Well, I had this thought about this kid." "Ok, there that's good. We're gonna focus on that now." And everything changes just to that thought.

It appears as though some participants, particularly the Aboriginal men, and treatment providers are not in agreement as to what is the problem. Danny and Evan both expressed that their perspectives were ignored or that treatment providers did not understand the full impact of their personal history. Like in Evan's description of "digging up the garbage," Danny also felt that his historical and emotional problems were ignored. I asked him, "Did they ever deal with your abuse issues at all?" Shaking his head no, "None of the sex offending that was done to me, the verbal, physical abuse, nothing, other than the fact that my girlfriend had passed away, none of those issues [were ever dealt with]."

While a supportive nurse can help with any emotional fallout that occurs through the treatment process, some men perceived that there was no way to properly deal with the pain and other negative emotions that surfaced, suggesting that forensic treatment fails to provide a culturally safe environment (National Aboriginal Health Organization, 2008). Cultural safety requires the recognition that a particular therapeutic modality is embedded with cultural values and assumptions that may not be shared by the client (National Aboriginal Health Organization, 2008). Aboriginal offenders in particular exhibit very high drop out rates in programming combined with lower success rates (Hylton, Bird, Eddy, Sinclair, & Stenerson, 2002). Forensic psychology has made only marginal progress in understanding this problem due to a limited conceptualization of cultural difference and its profound impact on the meaning of sexual violence and models of healing.

One of the limitations to responsivity theory is that forensic psychology has only studied it within a narrow scope, particularly when it comes to men's motivations to undergo a treatment program. Responsivity theory would benefit from conceptualizing motivation within a broader, developmental context that includes the individual's life goals along with primary moral goods

and the various sources from which motivation might be enhanced. The men in this study typically had a vision of a future self and life that was different from the one they had when they committed their offences. Tapping into these broader human desires and encouraging ownership of an offender's wellbeing through the intrinsic valuing of these goals can further amplify the amount of effort one might be willing to expend in the moral habilitation process. Further, humans are not so simple as might be suggested by sentiments like, "sexual offenders lack motivation upon beginning treatment," but rather it is important to recognize the competing motivations that detract from the treatment process. It is frequently self-protectionism that elicits resistance. Moral habilitation is a complicated endeavor and may take time to consistently maintain one's motivation and make transformation an observable process.

3.6 Inconsistencies in Agency and Moral Habilitation

In the literature, agency theory has not yet been applied to the moral habilitation of men convicted for sexual offences. Within this context, there are questions and inconsistencies that remain unanswered. For example, is a person agentic if they are not acting in his or her best interests? Where does the authority to define "best interests" or the worthiness of a goal come from? Is part of agency the process of working over time to develop that motivation to persevere? What kinds of expectations for agentic change are there when it comes to moral habilitation? This section discusses and attempts to resolve some of these gaps in agency theory.

3.6.1 Who Defines Moral Worth?

By definition, agency identifies our capacity to make and follow through upon decisions that are deemed to have inherent moral value or worthiness; but there is less consideration in theory for who defines the moral worth of a goal, especially in the face of competing values. This absence was brought to light in my interview with Todd. In his late 20s, Todd was a man

who forensic psychologists might label as an intellectually disabled sexual offender. He had a long history of sexual offending starting in his adolescence and he was classified as a high-risk, homosexual pedophile. After his release from prison, Todd had a Section 810 recognizance order placed on him that he then breached by walking through a park. He was given three years of supervision for that breach and when I met him, Todd had roughly eight months remaining.

I completed my standard interview with Todd fairly quickly and I was surprised when he called me the following week to request a second interview. He started that second meeting by saying that he had stopped taking one of his medications against the advice of his psychiatrist and group home careworker. My immediate reaction was one of concern that this decision could lead to a possible reoffence. Knowing that I had an ethical and legal obligation to report if a child is being harmed or at risk for being harmed that trumps any ethical obligation to participant confidentiality, I focused part of the interview on determining if there was any specific risk associated with Todd's disclosure. Todd assured me that his careworker was aware of his refusal for medication, and indeed was trying to convince Todd otherwise, and that he had plans to speak to his psychiatrist about it in the near future.

Todd had previously talked to his psychiatrist about going off this medication, whereby he said that his psychiatrist had discounted his concerns:⁴

It happened a few times before where I've had conversations with my caretaker about my medications and I've even tried talking with my Dr. [name] about it.... He *can* change the medication but what's been happening is I haven't seen *any* change in my medication whatsoever. When I was in [institution], they gave me some medication to help me maintain control of myself and when I got out, one of my medications had been increased without my consent. I brought it up to my doctor and he wouldn't change it.

"Did he explain why?" I asked. "No. Not really," was Todd's response. "He thought it would be better for me, but the way *I* see it, if I can't learn to control these urges on my own, what was the

⁴ My ethical dilemma was resolved by the fact that this event was obviously part of an ongoing issue between Todd and his healthcare team.

point of treatment?” Todd went on to explain that he did not want to be on medication anymore and people “won’t even listen to what I have to say.” It was clear that Todd had little autonomy with respect to his treatment plan, especially considering that he had to meet the conditions of his Section 810 in order to remain in the community.

Through our conversation, it became apparent that Todd was taking two medications and it was only one of them that he decided to stop. The first medication was to assist him with mental clarity and the second one was to suppress his sexual arousal. It was this second medication that reduced his sexual urges to which he really objected and had stopped taking. He considered this latter medication a “temporary benefit... for people just getting released... that they might need that extra assistance until they learn to control themselves.” The way that Todd described the role of these two drugs in his life reveals how his personal values contributed to his decision. He said to me, “Preferably I would [like] to be off all medication so that I can be myself. I can understand being on these medication[s] for a while, but not for the rest of my life.” It appeared as though for him, the drugs interfered with the life vision he had for himself. Challenging Todd about how he would monitor himself in the future without the medication, I asked if there was anything that might help him control his thoughts. At this, he seemingly contradicted previous statements sighing, “If there was such a medication, I would take it right, but as far as I know, there’s no medication.” Confused, I asked, “So the current medication doesn’t help you control your thoughts, just your urges?” “Just my urges,” he confirmed. “The other medication I’m taking helps me to think clearly. If I *do* have to go into hiding just to get the police off my back, then I’m going to have to stop taking that medication too.”

Although Todd initially seems to contradict himself, careful observation shows that the objects of pharmaceutical intervention differ in each statement. He largely accepts the drug that

improves his cognitive clarity. That he objected to the drug that inhibits his sexual arousal, but would invite a drug that changed the *content* of his sexual thought patterns suggests that he might desire an end to his deviant sexual interests. Todd valued being able to have a sexual aspect to his life. Moreover, there may be more to how the medication affected him that he was not telling me. Anti-androgen drugs, if it was one of these that he was indeed prescribed, can have a range of negative side effects besides impotence that include sleep disorders, changes to hair growth, weight gain, breast development, decreased bone density, and depressive symptoms among others (Thibaut, de la Barra, Gordon, Cosyns, Bradford, & WFSBP Task Force on Sexual Disorders, 2010). In this context, Todd's decision to stop taking his one medication was an act of self-determination.

Sexuality is a highly valued aspect of the human condition and sexual offenders are no different with respect to this influence. The above example demonstrates that there is a double standard for sexual offenders based upon what is at stake for the individual and what is at stake for society. Despite still valuing their sexuality, men like Todd who have deviant sexual interests must learn to change their sexual predilections or have them intensely controlled if they want to remain out of prison. Todd's decision to stop taking this one medication was an agentic act because he was guided by a vision of how he wanted his life to be, where retaining some measure of sexuality, or perhaps even masculinity, was a worthy part of his life vision. However, by forensic treatment standards, Todd's decision was placing him at a higher risk to reoffend. It did not matter that he had successfully completed treatment a few years earlier. The stakes are too high when it comes to ensuring that an offender has no more victims. As I show in the next section, the implication is that the moral habilitation of men who have sexually offended needs to take place at a rate that exceeds typical developmental progress in order to be rendered "safe" to

the community. In other words, they must change and become habilitated more quickly than what society allows for others attempting to improve some aspect of their lives.

The twist of moral habilitation is that unlike general therapies and treatments for mental illness, “therapy is offered to inmates, not so much to make their lives better, as to make our lives better” (Waldram, 2012, p. 225). Todd’s example determines two things. First, sexual offenders are only allowed to be autonomous if their decisions conform to societal standards. As the object of moral habilitation, Todd’s ability to decide for himself what was good for him in his life was discredited and removed. Through agents such as his psychiatrist and careworker, societal norms in effect decided what was ‘good’ for him. Todd’s own moral agency that was based upon his idea of a good life became negated and redefined as dangerous because it went against the acceptable norms of society. To answer the question who defines moral worth, it is the individual who determines what is worthwhile for his or her own life through his or her own agentic capacity; but that individual valuation becomes legitimated in relation to its adherence to social and cultural norms.

Second, Todd’s example demonstrates how the moral habilitation project is not one of restoration to some previous state of being, as is suggested by the term rehabilitation; but rather is one of transformation (Waldram, 2012). Habilitation is “a process that seeks to inculcate in others, through the overt use of power and control, that which we most admire or wish to emulate morally, ethically, and socially” (p. 225). As a homosexual pedophile, there was no desirable “normal” for Todd to return to and with the prospects of him developing age-appropriate attractions seemingly dim, the best solution by forensic psychology was to transform him into an asexual being. The difficulty with this solution is that it oversimplifies our social needs and the moral goods that are part of our desired futures. In the end, Todd’s motivation to

keep himself from reoffending had more to do with being respected by others and being recognized as a valued and autonomous being, and less to do with a potentially unsustainable model of (a)sexuality imposed upon him by the state. The critical lesson to take from this example for agency theory is that the moral worthiness of the goal, while often based on normative ethics, is specific to the agent. Therefore, agency is relative to the actor's desired life vision as s/he reflects upon the potential consequences of her or his decisions.

3.6.2 What if Moral Habilitation is Too Slow?

Human development writ large naturally occurs as a dynamic progression with stops and starts, progression and regression. Likewise, emergence over time is a core feature of agency (Martin et al., 2003). The difficulty with the moral habilitation of men who have sexually offended is that with the stakes being so high, these men are subject to a higher standard of developmental change. In essence, they may be unable to change themselves fast enough for the requirements of society. The following two cases illustrate two different pathways with which developmental emergence of agency can unfold in the context of moral habilitation.

3.6.2a Mathieu

Mathieu was a Francophone in his early 30s who had been convicted of attempted murder, unlawful confinement, and assault causing bodily harm. He had hired a prostitute with the objective of pursuing a bondage fantasy but when she protested to being restrained, Mathieu became enraged and beat the woman to the point of needing multi-day hospitalization. Despite not being convicted of a sexual offence, Mathieu considered himself a sexual offender given the context of his crime. He had successfully completed a moderate intensity treatment program in his home institution. Mathieu was reluctant to take a treatment program due in part to the risk of

other inmates finding out, a potentially hazardous situation that could see him becoming targeted for violence by other inmates. He described to me those early days in the treatment program:

Well, at first, I didn't want to do it but because it's the only thing that would let me out early. I just sit there and [mimics a defensive, crossed arm posture], "Yeah whatever. Screw you guys. I'm not going to learn anything here." And after two weeks I was sitting there, I said, "Well, if I'm going to sit here, might as well learn something." So I decided, "Well I'll listen to them," and it did make sense in a lot of thing[s].

Mathieu's narrative suggests that he too resented being coerced into treatment and felt the need to initially reject the program's activities to maintain some measure of autonomy. Given the opportunity to observe treatment and agentially reflect upon how it could benefit him, Mathieu gradually reframed treatment as something with which he could actively participate. His initial reluctance followed by acceptance represents the transformation of personal meaning that may be a normal part of the dynamic progression of agency. Moreover, his narrative reveals that meaning-making processes are an important part of motivation and will. Once he chose to invest himself in the program, he "put a lot of time into it" and in the end said, "I learned a lot about myself."

Reciting what he learned about himself, Mathieu revealed the value and personal importance that he had begun to hold toward his treatment, a shift that could be an indication of expanding ownership regarding his moral habilitation. Mathieu's narrative further illustrated his learning process by incorporating a model of developmental emergence that he had recently picked up from his maintenance group session:

I'm learning right now that there's a child in you, there's an adult in you, there's a parent in you. Before I was running just on child. "I want this, I want this, I want this." Then you got the... adult in you [that] say, "Well maybe that would be good for you," [laughs].

What Mathieu seems to be learning bears strong similarity to an Aboriginal medicine wheel model that depicts human development in four stages – childhood, adolescence, adulthood, and

the elder years – each with their own developmental roles and characteristics (Waldram et al., 2008). This does not mean that Mathieu’s treatment program was an Aboriginal-based program, but it does imply that the idea of growth over time is a common feature across different models of human development. Moreover, the idea of having to relearn things as an adult that one should have learned as a child was evident among many of the men interviewed.

Mathieu was a good example of someone who has made solid changes in his life. He took an anger management program in prison and described times when he was able to refrain from angry outbursts or other rash decisions in the community, particularly at his place of employment. In opposition to the “loner” he used to be, he had learned to regularly use his social supports to engage in ideas that supported his decision-making. All of these changes did not occur over a brief period of time. Mathieu spent seven years in prison where it can be very difficult to make changes while surviving by the “con code” (Waldram, 2012). He was released on parole for a few months before breaching one of his conditions and returning to prison for another 20 months. When we spoke, Mathieu had been on parole for roughly four months.

3.6.2b Danny

Danny was an example of someone who was gradually learning from his mistakes, learning to correct them, and still stumbling in the process. In his late 20s, he was an intelligent, articulate, confident, and ambitious individual who took pride in his self as a person. He was reflective and introspective about how his experiences had affected him. Growing up on a reserve, he closely identified with his Cree heritage and traditions but also welcomed mainstream approaches to therapy if he saw value in them for achieving his goals. Danny had served time in youth and adult institutions for multiple offences against boys. He was also one of several men in this research who had been sexually abused as a child.

Danny was passionate about improving himself and having an offence-free future. Like Mathieu and many other participants, he had found that anger management programming was very helpful for controlling his temper. He talked about being much more aware of himself due to the treatment programs that he had taken. When I asked him about how he was moving on from his past, he replied:

I don't necessarily put this behind me. I'm basically putting it in a [mental] file and it will always be there... for me to learn and to watch what I need to watch for... 'Cause if I just put it behind me and forget about it, then that allows me... to put away everything that I've learned. But to... have it there... it allows me to be aware of all the things I've learned and what I can do to keep on for the rest of my life preventing myself from offending again.

He believed in the importance of accepting responsibility and being honest with oneself: "When you actually admit to yourself that you have a problem and you're working on it... then it just becomes easier to talk about and you're not ashamed of it." Danny presented himself as a star pupil, a shining example of self-awareness and dedication to self-improvement and a victimless future. He had only been out on parole for a month or two but he was doing everything right to ensure his success.

Social support was another highly meaningful subject for Danny and he held it as crucial to community (re)integration and desistance from offending. After talking about the difficulties he had as a youth, I asked, "If you'd gotten help at that time...do you think your own offences wouldn't have happened?" He replied:

No because I'd be getting *support*. I'd be *dealing* with issues.... Lack of love, loneliness, my depression, my anger, these are contributions [*sic*] to me offending because I wanted to fill the void of all that. Sex offending was a manipulated thought, that I thought was helping me get rid of some of those feelings and making me feel better.

This time out, Danny had a strong and healthy support system to help him out; but the sad irony was that I learned several months later that Danny was back in prison for reoffending, not just a

breach of parole conditions. He had been going back to school and had showed so much promise for stepping permanently outside of his offence pattern. It seemed that his mental state started to go downhill but he hid this from his social supports, possibly for fear of disappointing them or thinking that he was capable of handling his problems on his own. This situation suggests that Danny may have been naïve about what it takes for him to not reoffend. He could no longer say that he offended because he did not have support.

Consistent with theory (Martin et al., 2003), Danny's experience of agency and self-improvement was emerging over a long period of time. While Danny demonstrated more knowledge and understanding about his life, it would be ridiculous to suggest that he was aware of all the potential pitfalls he might have to face. For Danny, learning to be safe in the community – to others and himself – was likely to be part of a much longer and more involved process, despite having made substantial gains. Tanner stated this emergent process of agentic growth best: "I put [ten or 15 years] into offending. I'm gonna take at least that much time to get out of it." Danny's experience demonstrates textbook development of agency by using the past to choose a better and more self-determined future. While Danny was learning in a typical, incremental fashion, it was too gradual and resulted in a new victim. The expectations for moral habilitation are much higher.

3.7 Conclusion

Agency is deliberative, emergent, situated (Martin et al., 2003), and inherently moral (Sugarman, 2005; Taylor, 1985). As a deliberative activity, agency requires motivation for which goals provide the ultimate foundation. In the case of treatment for sexual offenders, motivation most often came through the coercive force of governmentality and the desire to change or learn more about their offences. The end or ultimate goals that they generally sought were the desire to

have a better life, to stay out of trouble, have no more victims, become a contributing citizen, to have satisfying relationships with partners and friends, and to feel generally competent, respectable, and worthwhile as human beings.

Research participants described their motivations as tending to shift during treatment so that they bore the appearance of greater autonomy as they came to appreciate the relevance and utility of treatment for their lives. However, it is possible that the appearance of autonomy in participants' decisions to engage in treatment were more rooted in their transformation into the docile bodies that are subjects of governmentality (Lacombe, 2008, 2013; Waldram, 2012). This is not to say that all participants perceived all aspects of treatment as relevant to their circumstances, or completely subjected themselves to the state regime. Some men certainly questioned the ideas or implementation of treatment, but on the whole, participants employed at least some aspects that they found valuable. Contrary to belief, men do not appear to arrive at SOTPs with a lack of motivation. Rather, they experience a range of competing motivations that affect their treatment responsiveness. Some men in this research were motivated primarily by the prospects of parole or a decreased security rating, others by the need to understand their crimes, and some wholeheartedly embraced their treatment as having saved them. Some of the Aboriginal men practiced negative agency because they were motivated to protect themselves from harm at the hands of the correctional system and its practices.

The moral aspect of agency is both normative and relative. It is normative in the sense that moral goods and the means to acquire them are based upon the normative ethics espoused in cultural ideals. The relative aspect of moral agency is tied to the individual's subjectivity that emerges experientially within his or her situatedness. The moral habilitation of sexual offenders is a process of enhancing their moral agency by instilling the values consistent with increasingly

autonomous forms of motivation. Men's criminal transgressions are laid down as proof that they cannot be trusted in society and so it becomes important to impose a new value system on the individual. Treatment proscribes against moral relativity and the remaking of subjectivities is effected via technologies of the self that are conducted within a rigidly normative moral framework characterized by the moral goods of a "Better Life." A significant challenge for moral habilitation is that it is a fast-track process of human moral development that is still not fast enough for the needs of society. This limitation presents difficulties when trying to balance the typical progression of human psychosocial growth with the shorter-term pragmatics of habilitating men to cease their offending behaviour.

I started this chapter with a quotation from Shane who spoke of how we are all just "broken people" in some way and whose goals are to repair ourselves. Miles used the same description by adopting a metaphor where, just like a vehicle, people sometimes break down. Fixing what is broken seems simple enough: you find the part that is the problem, you choose the solution, and you implement it, often with some expectation of success. In reality, self-improvement is more prone to be a long-term, ongoing, and difficult process that involves honest self-reflection, clear goals and vision for the future, and the determination to keep going forward in spite of challenges and setbacks.

CHAPTER 4: MORAL REGULATION AND THE NARRATIVE MANAGEMENT OF STIGMA

When I first got out, I really felt that I had it stamped on my forehead and if I ran into anybody that I knew, right away they'd just yell it out, tell everybody.
(Jacob)

4.1 Introduction

“Sexual offender” might be just about the most stigmatizing label in Western society, with perhaps the exception of labels that identify a specific type of sexual offender: child molester, pedophile, child killer, or child rapist. Individuals with these labels are viewed in the general public as sub-human, evil, or highly disturbed (Waldram, 2009). Labeling theory tells us that the subjects of stigma have a tendency to internalize their label along with the corresponding behaviours and traits assumed by the general public, in essence constructing the stigmatized person as one who is more likely to conform to the role and identity placed upon him or her (Dotter & Roebuck, 1988; Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Tannenbaum, 1938/1957). It is difficult to look at the whole person when the label stands for something so repulsive or horrific. The sexual offender label becomes a stigmatized master status that supersedes all other traits, roles, and identities held by the individual (Dotter & Roebuck, 1988; Lacombe, 2008). Similar positions toward the deindividualizing forces of labeling are held by deconstructionists (Foucault, 1976; Taylor, 2009) and narrative criminologists (Presser, 2009; Presser & Sandberg, accepted). Moreover, Lacombe (2008, 2013) warns against the potential consequences of identifying with a stigmatized label in her ethnography of a Canadian SOTP.

Stigma has a far-reaching negative effect upon the stigmatized. It is associated with decreased self-esteem, self-deprecation, loss or replacement of identity, decreased sense of

mastery, depressive symptoms, social withdrawal, loss of social status, social exclusion, discrimination by others, reduction of social support networks, increased social stress, and loss of employment and income (Crocker & Quinn, 2000; Link & Phelan, 2001; Major & O'Brien, 2005; Wright, Gronfein, & Owens, 2000). Stigmatized individuals may passively accept their social position, but more often stigma elicits a number of self-protecting responses to manage one's identity through strategies of avoidance, resistance, and stigma reduction (Goffman, 1963; Link & Phelan, 2001; Major & O'Brien, 2005; Maruna, 2001; Meisenbach, 2010; Presser, 2004; Sandberg, 2009; Thoits, 2011).

Stigma can play an important role in the moral regulation of society. Moral regulation is composed of three elements: moral order, social control, and self-regulation via ethical self-formation (Critcher, 2009). The strength of the moral regulatory response to a situation, and likelihood of it developing into a moral panic, depends on the extent to which any of these three aspects are believed to be in violation or enforceable (Cohen, 1974; Critcher, 2009; Garland, 2008; Goode & Ben-Yehuda, 1994). Sexual violation and exploitation are clearly serious transgressions to the moral order and will occupy an assumed status in this framework. This chapter focuses on the relation between social control, stigma, and moral regulation. I begin by assessing sexual offenders' responses to the dehumanizing discourses and stigma that ultimately threaten their personhood and worth as a human being in the eyes of others. Specifically, I describe and theorize about the nature of stigma and abjection in sexual offenders' social interactions as well as the kinds of narrative strategies they employ to ameliorate stigma and protect their senses of self and identity. Sexual offenders' responses to stigma can help determine if stigma is a detrimental or beneficial force in their moral habilitation.

4.2 Stigma and Abjection

Stigma is a mark of discredited identity. It identifies one as having some aberrant feature of their personhood that separates the subject from those who are seen as having conformed to the expected norms of the group (Goffman, 1963; Link & Phelan, 2001). The process of being stigmatized involves recognizing and labeling some difference, which is associated with negative attributes and that forms the basis of making the stigmatized person a discriminated outsider who holds a much lower social status (Link & Phelan, 2001). Stigma is a discursive phenomenon that is constructed through the communicated judgments of the stigmatizers and the stigmatized (Meisenbach, 2010). The stigma assigned to sexual offenders is collectively molded and refashioned through public and institutional discourses from government press releases, news and entertainment media, social networking, and civil society campaigns to name a few (Greer, 2003; Lancaster, 2011). Moreover, because sexual offenders are part of the discursive construction of stigma, they are not merely passive subjects to it; rather, they actively and agentically challenge, resist, avoid, and even acquiesce to their own stigmatizing process (DeJordy, 2008; Link & Phelan, 2001; Major & O'Brien, 2005; Thoits, 2011; Winnick & Bodkin, 2008). Stigma changes with and is dependent upon discourses, material conditions, and historical contexts (Campbell & Deacon, 2006; Foucault, 1976; Meisenbach, 2010). For sexual offenders, this means that the intensity of their stigma is highly variable, usually depending on the publicity and nature of their crimes as well as the degree to which they can “pass,” that is, hide their stigma in daily life interactions.

Analytically, there are multiple ways to consider the stigmatization of sexual offenders. Stigma operates on political, institutional, and symbolic levels (Campbell & Deacon, 2006) with

each having some role in how sexual offenders are positioned in society. The disgust that society collectively holds toward sexual offenders structures not just offenders' position in society but also the social, political, and moral order of the society itself (Miller, 1997). Sexual offending is highly politically charged, particularly with civil society and the broader public demanding the state to "do something" about it. Politicians may be left pandering to these public calls through new laws and measures that provide more of a mask than actual solution (Lancaster, 2011; McAlinden, 2000; Petrunik, 2002). Community notification legislation is one example of a less than efficacious solution that heightens stigma to the detriment of sexual offenders' moral habilitation (Farkas & Stichman, 2002; Levenson & Cotter, 2005; Sandler, Freeman, & Socia, 2008; Tewksbury & Jennings, 2010; Zevitz & Farkas, 2000). The institutional context of stigma involves the criminological and psychiatric labeling of sexual offenders, which can deindividualize, shame, and possibly even increase their propensity to reoffend (Levenson & Cotter, 2005; Taylor, 2009). The symbolic context of stigma for sexual offenders is rich and abundant, filled with imagery of monsters, devils, deviance, evil, mental illness, and the implication that each image represents a threat to public safety (Lancaster, 2012; Waldram, 2009). Primarily, however, sexual offenders symbolize a threat to the moral fabric and order of society.

The stigmatization of sexual offenders may also be considered through its outcomes. Stigma is a persistent state that is difficult to escape and involves individual, structural, and self-discrimination (Link & Phelan, 2001). Sexual offenders are frequently subject to individual discrimination in the forms of social rejection, harassment or verbal abuse, and difficulty in finding housing and employment (Levenson & Cotter, 2005). Housing difficulties often include structural discrimination as well through proximity laws stating that the individual cannot live

within a specified distance of schools, parks, or playgrounds. Sexual offenders are routinely prohibited from certain occupations and international travel. Employers who require criminal record checks for each employee might be considered another form of structural discrimination. Self-discrimination takes place through the stigmatized person's own beliefs and behaviours as s/he develops expectations for social responses (Link & Phelan, 2001). Repeated rejection influences many sexual offenders to self-discriminate by withdrawing from social interactions and self-stigmatize by internalizing the derogatory beliefs expressed in stigmatizing discourses.

Rising out of the psychoanalytic study of the individual, abjection theory has been extended to the collective social body of society and can explain the felt experience of revulsion that supports the ongoing stigmatization of sexual offenders. Kristeva (1982) articulated what is possibly the best-known description of abjection theory. Accordingly, the experience of abjection is founded on the most basic of distinctions that humans make, the separation of Self and Other, the original separation occurring between the infant and its mother. At the bodily level, we distinguish between self and not-self when we abject bodily matter from within to the outside. Saliva, urine, feces, menstrual fluid, and semen all become substances that elicit disgust combined with an odd fascination for such matter that becomes out of place (Douglas, 1966; Kristeva, 1982; Miller, 1997). This phrase, "matter out of place," is fitting because these substances exist in a liminal state where they no longer belong within the body and they have been transformed into a polluting force that cannot be reintroduced (Douglas, 1966).

Abjection theory has been applied in a myriad of ways, to not just substances of individual bodies but to conceptualize the disgust and rejection of people within the larger social body. It has been applied in contexts such as the elderly (Gilleard & Higgs, 2011), racism (Hook, 2004), rape as a weapon of war (Diken & Lausten, 2005) and forensic clients (Jacob, Gagnon, &

Holmes, 2009). At the level of the social body, individuals will enter liminal states in the context of rituals or stages where one part of their life is ending and another is beginning. In ritual situations, there is always an aggregation rite that welcomes and introduces the transformed individual to the group (Douglas, 1966; Turner, 1969). In Western culture, abjection is far less associated with rites of passage than it is with the discrimination and ostracism of people felt to be Other. Douglas contrasts ritual and ostracizing abjection with instances like the permanent marginalization of ex-prisoners to the periphery of society, mostly because the aggregation rites that return the liminal subjects of ritual to the populace are either absent for criminal offenders, or fail to convince the public of their transformation. The community still feels that the subject of ostracizing abjection represents some manner of danger or pollution to those still residing within the social body. Abjection theory adds to the concept of stigma by introducing a theory of disgust that explains on a felt, embodied level the intense compulsion to reject and avoid the subject.

The stigmatization of sexual offenders corresponds to theories of abjection and social pollution. Through their actions, sexual offenders have transgressed a moral boundary within society by profaning the moral and bodily integrity of another. Perpetrators become the embodiment of disgust and revulsion because essentializing perspectives lend to the belief that their crimes are a reflection of their entire being; their offences are not viewed as isolated, uncharacteristic incidents. The taint placed upon sexual offenders is experienced like a contagion that repels the company of others. As polluted souls, sexual offenders are abjected from society through ostracism, discrimination, and outright hostility at times. Their offences are a permanent blemish on their social identities that set them at the margins of society from which even the completion of treatment does not make a convincing argument for their return to the social body.

Stigma, and by extension abjection, have numerous negative effects upon a subject's selfhood. As mentioned already, stigma involves individual and structural discrimination, along with self-discrimination, which speaks more to changes in one's self-concept (Link & Phelan, 2001). The need to feel like we belong to the group is one of the most basic and fundamental characteristics of humanity, and self-esteem can be thought of as a rough measure of how well we meet that need (Tice & Baumeister, 2001). Social rejection causes psychological distress along many lines, decreasing self-esteem, sense of belonging, and sense of a meaningful life, and increasing feelings of anger, sadness, and hurt (Major & O'Brien, 2005; Tice & Baumeister, 2001; Williams, 2007). Stigma also threatens a person's identity, which can contribute to stress-induced health problems, anxiety, fewer cognitive resources for memory and problem solving, and hyper-vigilance for potential future threats (Major & O'Brien, 2005). The stigma ascribed to sexual offenders becomes insinuated into their interpersonal relationships with family and friends eliciting painful and punitive social rejection.

4.3 Stigma and Abjection from the Social Body

For the men in this research, stigma and abjection came from all directions in life: family, friends, spouse, employers, co-workers, and even church members. The most painful experiences participants divulged involved abjection from their families, particularly from a spouse who denied access to their children. Painful feelings of rejection were also provoked when long time friends would turn their backs on participants. The stigmatizing responses men received from members of the public at large had the capstone effect of making men feel as if there was nowhere they could be safe from ostracism and the risk of public humiliation. Stigma spilled into nearly every aspect of their lives.

Two participants, Carl and Jacob were both married with small children at the time of their offences. Carl, a 40-year-old Caucasian, had been married for 12 years when he was convicted for inappropriately touching the pre-school daughter of family friends. His wife divorced him and he lost access to his two daughters. When we spoke, it had been roughly six years since he had seen or heard from his children. Carl's identity was strongly tied to his role as a father and without his family, it appeared that there was very little in his life that he felt good about. "From being twelve years married to having nothing, you lose that companionship," Carl sighed. "You don't see the kids grow up." Carl sounded despondent as he continued, "It's hard 'cause then you keep thinking, 'I did this. I put this blame on myself,' and then you hide."

Jacob was an attractive Caucasian man in his late 20s and he was on parole for an undisclosed offence at the time of his interview. I asked him how hard it was for him to move on from his past. He started, "I still have difficulties just because of the nature of what I had done." His voice began to crack as he continued. "My biggest difficulty is not having seen my daughter in three years. It's been very hard. There's stuff that I have to deal with to be able to get access to her." His imprisonment represented a tremendous disruption of his life but he approached it with a positive and agentic attitude:

I got divorced when I was in jail. I got served divorce papers. So there's trying to get past that.... Moving on is just more for my own wellbeing and I know I need to. If I don't, I'm just going to be stuck in a rut forever. I can't have a pity party. That's not gonna help.

Some men had no family to speak about since they had long ago lost contact or had been rejected by them. Sometimes this was due to their recurring anti-social activities and other times the details were just left undisclosed. A couple of men had lost contact with all family and friends while serving life sentences. Most of the men in this situation had acquired new "adopted" families through their participation in a Circle of Support and Accountability (COSA)

for which they were extremely thankful. One COSA group would meet weekly with all of its core and supporting members. Those meetings were a connecting point where core members could talk openly about their concerns and seek advice from those who had already been in that position. The men in this group saw themselves as a family where members accepted one another as they were and did not reject anyone for what they did in the past.

Kevin was a Caucasian man in his early 40s who, despite being classified as a homosexual pedophile, had an extremely supportive family. His parents included him in their social circle of fellow church members and his brother would come by when he was feeling really depressed. Kevin suspected that those “movie nights” were really “suicide watch nights,” but he was very grateful for his brother’s company. Despite the love and support from his immediate family, his brother’s ex-spouse demanded Kevin’s exclusion from family events and holidays, because she refused to allow Kevin near his adolescent niece and nephew. He explained:

Even though I’ve assured them that I never abused the children in any way... never had any fantasies about them or anything like that, she is *so* locked up in the image of the pedophile as somebody who lurks around alleys at night in a trench coat and grabs children and rapes them.... She can’t separate *that* image from me and that’s all she sees now. She doesn’t see me as the person. That makes it really difficult because obviously I want the kids to be able to experience family things too. [But] if they’re there, I can’t be.

Kevin initially let his abjection get him upset and depressed until he decided to take control over those experiences. Knowing that he did not want to feel depressed every time a family event came along, Kevin described coming to recognize what he could and could not control. “What I’m doing is saying that she’s *punishing* me, but she’s not punishing me. *I’m* choosing to feel punished and... there’s nothing I can do [to]... change her mind.” Kevin learned to cope with his abjection through his agentic decision to plan alternative and enjoyable activities that overlapped with family events.

Men with supportive immediate families would still have negative experiences with extended relatives. Jacob related an incident with a close, but extended, relative. “After hearing that I was going to be released, [she] phoned up a person that lives in the same town as my parents.” In this call, his relative commented to a neighbor that she “should keep a close [watch] on her kids and keep the doors locked because the monster is getting out.” I asked Jacob how that incident affected him. “It was really disheartening, knowing that one of my own family members said something like that. [It] kind of twists your stomach, makes you a little nauseous.” The hurt was accentuated because Jacob had a very close, brotherly relationship with another member from that family when he was younger.

Tanner’s experience of family ostracism was unique from those of other participants. Many of his family members stopped talking to him when he went into treatment. Tanner was a Métis man in his mid 30s who did not closely identify with his Aboriginal heritage. He had a long history of offences against children and he had been victimized in his childhood as well. Tanner’s entry into treatment was viewed as threatening by his family who did not want their secrets to be revealed:

Growing up we’re taught whatever happens in the family, stays in the family. It doesn’t leave the house. That was broken ‘cause the only way I could [go] for treatment was if was I willing to be honest...and there was a lot of skeletons in the closet that had to come out.... If the one [secret] started coming out, then the others would come out and [the family] knew that.

Tanner explained that his family was aware of his offending but “nobody was saying anything.” Further, the family also knew “what happened to us as kids and nothing [was] brought out.” I asked him why there was so much silence in the family regarding the abuse that went on. He said there was an unspoken rule to maintain the family secrets. Verbalizing a secret that everyone pretends not to know would mean defacement for the entire family (Taussig, 1999). Tanner only

started talking with his mother after a group therapy session helped him to meet with her and open an honest dialogue.

Abjection from friends and acquaintances is even more pervasive than rejection by one's family. Almost all of the men in this research described instances of friends refusing further contact with them. A Caucasian man in his mid-20s, Shane had many such experiences, including one involving the best man from his wedding:

Shortly after I got married, I moved away and I communicated with him by email for awhile. Then the conviction came and I sent him an email once I was able to and was like, "This is how things have played out in my life." He sent me an email back saying, "I can't have people like you in my life." I'm the *same person*! I went from being one of his best friends and him being the best man at my wedding to, "He can't have people like me in his life." *I didn't* change. The only thing that changed was one piece of information about me.

Shane felt it was important to be open about his convictions with the people in his life. He told his new girlfriend and she was supportive of him but her family certainly had reservations. His girlfriend's brother would exhibit outright verbal hostility toward him but disapproval was often more subtle from others. Shane related the experience of visiting his girlfriend's grandparents. "They *tried* to be nice to me," he said. "But at the same time I overheard conversations between them about how I'm just not ever going to be past the stuff in my life. I'm just not ready to be a part of another family." He continued on about how they thought his presence would divide the family. Summarizing this experience, Shane observed, "People don't really treat you differently but you know they're *thinking* differently."

Regan was a Métis man in his mid 60s. He had just been released on parole for his first criminal offence, an alcohol-related sexual assault. Like many other men, Regan held stigmatized views toward sexual offenders. "Prior to my incident... I didn't want to be associated or have anything to do with someone that was convicted" of a sexual offence. While his views

had now changed, those of his previous friends have not. “They just left. Like they just won’t have any contact and I don’t want any with them. I don’t want to have to explain myself to them.” When asked how he felt about the situation, Regan respond, “Like a loser. I did something that was non-forgivable and I don’t have enough years left to repair it.”

Kevin’s abjection from friends left a strong emotional imprint on him. “I had a lot of rejection when I got charged,” he related to me:

Phoning people and having them hang up... or just flat out tell[ing] me they didn’t ever want to talk to me again and “don’t call back.” You give up after three or four of those and wait for people to call you.... So there’s definitely anxiety regarding that kind of thing.[...] I’m *more* concerned about people finding out and their reaction, than actually being afraid for my physical health. I’ve been beaten up. I know what it’s like. I know after a while the physical hurt goes away.

Kevin said his, “anxiety revolves around rejection.” Along with this, the abjection led him to avoid people in public. “If I’m in the mall and I see somebody I used to know, I’ll just go the other way or do what I can to *not* make eye contact.” He was afraid of being recognized; therefore, in any public venue, Kevin was vigilant about scanning crowds. “I don’t know how they’ll react, and rejection for me is really, really difficult.”

Being publicly cast as a sexual offender opens that person up to a myriad of negative responses from the public ranging from the subtle to direct confrontation. Of course, the public at large must first be made aware of the individual’s status as a sexual offender, which often occurs through media publicity, word of mouth, or through their identification by ex-inmates. Of the 18 men who contributed to this research, eight had experienced media publicity that revealed their identities to the public, often with photos. Rarely do interactions with members of the public lead to the offender being physically harmed. Such instances did not occur to any research participants here, although Kevin described how he was physically assaulted in the back of a transfer van after one of the correctional officers let on to the other inmates in transit with him

the nature of his crime. State impropriety excluded, the public stigma more often leads to humiliation and shame.

Walter was the only man in this research who did not take part in a treatment program. He was a Caucasian man in his late 50s with multiple convictions for undisclosed sexual offences. Just prior to his community release, the police posted a community notification of Walter's release, which led to a confrontation at the shelter where he was staying. Walter described how another individual staying at the shelter saw his picture and release notification on bulletin board, and tried to instigate a conflict. Walter said he had to go "out the back door of the hostel so I didn't have to confront that guy 'cause I didn't want to fight." In the end, the instigator got expelled from the hostel and Walter found a small apartment in which to live. His notoriety meant that Walter "got a lot of strange looks," so he "tried staying away from people mostly." The only other situation he experienced was a name-calling incident. "I was walking from the probation office [and]... right across the street there's an apartment building. Some guy was yelling, 'Skinner,' and all this. I just kept on walking. "

Sexual offenders often face considerable challenges when it comes to finding sustainable employment. Most employers now seem to require criminal record checks and even if a potential employee's criminal history is acceptable to the employer, his parole conditions may not be. Conditions of parole usually include proximity restrictions that may prevent employment close to schools or parks, and mandatory attendance for weekly meetings and programs that could limit available work hours. Assuming that someone with a sexual offence conviction can obtain employment, his stigma may prevent him from retaining the work.

Carl was fired from a job when a coworker expressed discomfort working with him. "The hardest thing [is] to... find people out there you can trust.... I have had that thrown back in my

face, where I've decided to trust somebody." Continuing, Carl complained, "I lost a job over it, a job that I was *good* at. They had no reason to fire me for it and they still fired me." He was bitter about his experience but at least felt somewhat vindicated by winning a wrongful dismissal suit afterwards. Jacob had a similar experience as well but did not pursue legal action.

Kevin was in constant anxiety of the same thing happening to him. He feared that someone would find out about his conviction, forcing his employer to dismiss him:

It's a rare day that goes by where I don't worry that somebody's going to find out about my past. And then [I wonder], "Will I lose my job? Will I lose everything that I have right now...?" That's kind of a constant in the back of my mind... especially when I'm *really* happy. Then I'll think, "Oh gosh, don't get *too* happy 'cause this could be your last day of work." Well that's kind of silly in a *way* but... if the wrong people find out... the other guys in the shop may decide they don't want [me] working there and put management in position where it's him or us.

Considering that being labeled a sexual offender is an invisible stigma, it is relatively easy to "pass" in society so that interactions are not always tainted with feelings of abjection. Of course, passing is much more difficult for individuals who were subjected to community notifications where their crimes and photos are made public knowledge. Shame combined with social abjection hypersensitizes men to the fear of being publicly "outed," which would likely subject them to further humiliation and rejection. Tanner recalled one instance where he was outed in public:

When I was in school, one of the ladies that was involved with my nephew found out about my charges.... We had a yelling match in the hallway [where] she... called me a pervert and all that stuff.... Whoever was in the school heard it. So that was pretty bad.... They didn't see me, but they heard me... 'cause we were in the hallways and they were in the classrooms.

Tanner's response during this incident amounted to getting angry and "us[ing] some colourful words." Despite his worries, nothing else came from the incident. Although he did have another

instance where someone disclosed his stigma in a public manner, “the one at school was the worst” because there were people who knew him that were present.

The fear of stigma and public shaming is strong in the early phases of community (re)integration, but it does gradually subside after a couple of years. The loss of children and spouses seems to be the most painful aspect of abjection, followed by the public humiliation and social rejection it spawns. Being able to pass in society with an invisible stigma sets up a constant fear or even paranoia that someone will find out about them, risking all the gains they may have made since their release from prison: employment, relationships, friendships, anonymity, and maybe even housing. Where stigma invokes merely a cognitive appraisal of a spoiled identity (i.e. Link & Phelan, 2001), abjection brings to light the emotional force of extreme stigma. Abjection’s linkage to disgust and repulsion normally reserved for polluted substances like feces, gives new meaning to metaphorical phrases such as, “I’m just a piece of shit” (Chris). The initial experiences of abjection leave a lasting impression on first time offenders, sensitizing them to possibilities of future rejection that they would much rather avoid.

4.4 Managing Stigma

Stigma threatens a person’s self-esteem, self-concept, and sense of identity by eliciting negative self-appraisals and overwhelming one’s capacity to cope with the stressors involved (Major & O’Brien, 2005). Considering what is at stake, it stands to good reason that sexual offenders develop a repertoire of responses and impression management strategies to protect themselves. Stigma may invoke a range of responses that may variably operate to resist, reduce, accept, or avoid negative judgment. Strategies of deflection and challenge are two means of resisting stigma (Thoits, 2011). Where challenging denotes a confrontational approach with the aim to change the influence and outcome of stigma, deflecting is a subject’s attempt to block the

effect of stigma upon her or himself and direct it toward a person or crime that is perceived as a greater threat. Reduction strategies act like face-saving measures. People who have made negative impressions through public failure or humiliation tend to engage in stigma reduction tactics such as making excuses, apologies, self-serving attributions, performing favours for others, and denigrating or distancing themselves from those who are in a similar position (Leary & Kowalski, 1990). Some people may acquiesce to and accept their stigmatized representations, often with resulting reductions to their self-esteem, but others try to protect themselves by avoiding potentially stigmatizing situations altogether (Goffman, 1963; Link & Phelan, 2001; Major & O'Brien, 2005; Meisenbach, 2010).

Impression management strategies may involve a mixture of responses to stigma: resistance, reduction attempts, acceptance, and avoidance. Making favourable social comparisons to others, restricting display of one's failings, voluntary disclosure, keeping secret one's invisible stigma, avoidance of stigmatizing situations, compensation, withdrawal and isolation, and direct confrontation are all active means of impression management (Goffman, 1963; DeJordy, 2008; Leary & Kowalski, 1990; Meisenbach, 2010; Winnick & Bodkin, 2008). While these strategies can be performed through physical actions, like avoidance of threatening situations, other strategies are distinctly enacted through discourses that involve the retelling of situations or events with more favourable interpretations. These narrative strategies are "patterned ways of communicating personal meaning through story, including efforts to communicate something specific about the character or essence of the narrator" (Waldram, 2010, p. 257). Consequently, narrative strategies may be viewed by the narrator as a means of lessening the impact of stigma. The narrative mode of thought (Bruner, 2002) is evident in a number of impression management strategies: reframing stigma as a benefit for the lesson it brings,

reframing stigmatizers as needing education or sympathy, using stigma for secondary gains such as an excuse for failure or sympathy, and using narratives to construct images of an alternative self (Goffman, 1963; Presser, 2004; Meisenberg, 2010; Sandberg, 2009).

The motivation to present oneself in a less stigmatized form comes from the desire for certain social and material outcomes, maintenance of self-esteem, and identity development (Leary & Kowalski, 1990). Moreover, these motivations are more heavily primed when there is a discrepancy between one's current image and the one s/he desires, and when the desired image is relevant to one's goals. Conviction for a sexual offence typically involves a dramatic loss in social status and damages the offender's public and private image. Their previous identities are overridden by the master status of a singular sexual offender identity. Self-esteem plummets as does access to material resources and social capital. What is at stake for sexual offenders, especially those convicted for the first time, is their way of life along with their sense of place and respect within society. They take available opportunities to minimize social rejection, regain their pre-conviction image or construct a positive self-image where none had previously existed, and move on from the past. Impression management is the one means that is readily available for them to attempt these tasks.

Like other stigmatized groups, sexual offenders utilize several strategies to manage stigma and the impressions others have toward them. Waldram (2010) identified five narrative themes that sexual offenders employed to claim moral agency and substantiate their abilities to act in accordance with the collective moral standard. Each of these narrative themes – Agentive, Passive-Victim, Consequential, Dissociative, and Heroic – represented particular strategies that sexual offenders adopted to describe how their offences came about. In the following section, I present the narrative claims that men used as strategies to resist or moderate their stigmatization,

protect their identities, and build a case for why they should be accepted back into society. Some of the discourses employed by participants did not challenge the actual stigma but instead made exceptionalist claims of why the stigma should not apply to them. Other men deployed rhetoric and discourses that challenged their stigma on the basis of its existence, attempting to invalidate the taint it imposed. The narratives that the men in this research routinely employed to manage other people's impressions of them are represented by six thematic categories: "I've Changed, I'm Better," "I'm Not a Pedophile," "It's Blown Out of Proportion," "It's Their Problem," "Everyone Makes Mistakes," and "That's Only a Part of Me."

4.4.1 "I've Changed, I'm Better"

"I've Changed, I'm Better" was a ubiquitous narrative strategy throughout men's interviews. Generally speaking, this claim involved the presentation of some form of evidence to demonstrate their moral habilitation along with a statement of newfound contentment, and a plan or desire to continue that process. For example, Regan explained, "I'm repairing myself... I'm happy being sober, I'm aware of what I did, [and] I've taken steps necessary to curb any problem." Danny, with a bravado that typified his speech, claimed how his desire to work on his treatment plan in prison had trumped any concerns for his safety:

If people wanna be an ass to me, they'd be an ass to me. But that's their problem, not mine. I don't need to deal with that shit. I'm dealing with my own right now. I don't have to go around worrying about if I'm gonna get stabbed or if I'm gonna get beat up... because that's other people's problems. My problem right now is getting treatment, getting better.

Where the vast majority of sexual offenders do their best to hide their offences in prison, Danny proffered his disregard toward other inmates as a testimony of his dedication to moral habilitation. Further into the interview though, he too fell into the narrative pattern of giving evidence of change along with a declaration of a better future self. "Being in treatment... I'm

more aware of myself now. I've learned to really look at myself and know what I need to know to keep myself safe and others safe.”

This “I’ve Changed, I’m Better,” narrative strategy was always framed, often explicitly, within a discourse of old versus new selves that functioned to highlight the transformation made by the participant. Treatment was most often credited for this change. Describing the kind of person he used to be, Tanner indicated that, “Before, I was recluse. I wouldn’t do anything really, and the only time I would be helpful was if I could get something out of it.” When asked how his changes came about, he explained that, “Therapy did it. I realiz[ed] that there’s more to me than just *that*.” When later asked about what makes him a good person, Tanner described his volunteer work at a shelter and how he would give talks to church groups about his experience. Tanner also refused to accept the honorarium I provided to research participants, saying that it was his way of “giving back.” The behaviour of his described “new self” was a dramatic shift from his descriptions of how he used to be.

Sometimes the claim that a person had changed was prefaced by an explanatory model of their offences that not only established narratives of selfhood before and after treatment, but also demonstrated the expansion of self-awareness and self-knowledge instilled by the treatment process. Chris was a Caucasian man in his late 20s. He was adamant that his “life [was] totally changed” now:

I found out that it was *a lifetime* of loneliness, despair, abuse, neglect, all of these things for *years* that kept *piling up* and then *it all added up*. Bad relationships, bad communication. I’m bipolar and FAS... and [did not have] enough self-awareness about red flags... to detect when I’m not working properly.... [I had] a lot of depression.... I had no support.... Everything all around me was just crap, so it just all bottlenecked and exploded. Once I learnt all about this, then I relaxed and I’m like, “Okay, I’ll be fine now.”

Describing how he had constant reminders about his offence, even now that he had been out of

prison for roughly one year, Chris used this particular claim not just to convince others that he was a better person now, but also to convince himself of the same when feelings of self-stigma and abjection arose. “I remind myself that I’m *not* that person anymore. I’m a changed person. That was me *back then*. I *made* a mistake. I *wasn’t* well. I’m a much better person now. I’m not sick, I’m healthier now.” Chris explained his offences as the result or symptom of the cluster of problems he was experiencing at the time. He drew upon a medicalized discourse of fetal alcohol syndrome, depression, and alcoholism that he had to overcome in order to get better. His use of a sickness metaphor provided an explanation of his offence that minimized his stigma by assuring others he was not inherently deviant.

Employing rhetoric of self-improvement using vague phrases such as “getting better” did not provide a clear sense of direction as to where Chris or others were going in their development, but it did make a claim of redemption in an effort to counteract his abjection from society. The “I’ve Changed, I’m Better” narrative theme was a morally charged discourse with very abstract and unclear dimensions. “Better” was defined in the context of no longer being the same person of their past selves after having gone through a developmental transformation of newfound self-awareness, coping responses, and behavioural changes. Thus, this strategy is a claim of moral habilitation or at least of some progress along that trajectory.

Chris was one of only a few men who viewed their negative experiences as a form of blessing that provided hard earned lessons (Goffman, 1963). He, along with Tanner and Jason, all felt that their lives were significantly better now than prior to their convictions and were thankful for those changes even though the means through which they came about were painful. For these participants, going through imprisonment and treatment were things that they had to do in order to “get better.” Statements such as this provide a clue into how moral regulation can

work to morally habilitate one cluster of men who are labeled as sexual offenders. Research participants who invoked a claim that they were better or they had changed in a positive way all held in common the assertion that their lives before or between their offence(s) were miserable and lonely, or that they were at one point a sick or horrible person. These were men who did not know what to do to improve their lives or even that they could be improved. Thinking that no one cared about them or that there was nowhere to go, it was much easier to just continue in their dysfunctional lives. The individual agency and will to make and follow through on beneficial decisions did not seem to be present. Even for men who appeared more agentic, opportunities to “get better” were limited. In the time between his charge and his conviction, Kevin sought out treatment for his “sexual deviance” but was turned away repeatedly since the only therapy he could find specific to sexual offending was available through the criminal justice system and required someone to be convicted first.

The coercive element of moral regulation is social control. The narrative claim in this section substantiates that imprisonment, be it the first time or the third, was needed to initiate their moral habilitation. That process of being caught, convicted, and coerced into treatment was afterwards viewed as what was needed to happen in order to get better. It is important to note that not all men needed to be coerced into treatment. There were those like Kevin and Jason who eagerly welcomed the opportunity to get help for their problems, but even these highly motivated men needed that initial push to kick-start their agency. The coercive element of social control forced these men to publicly confront their actions and their problems. Their experience at the time was painful and humiliating, but in retrospect, it was the start of a moral transformation of self.

4.4.2 “It’s Their Problem”

Condemning the condemners (Sykes & Matza, 1957) and rejecting the rejecters (McCorkle & Korn, 1954) are two variations of an impression management technique where the subject of stigmatization dismisses in some form those who are perpetuating their marginalization. Constructing the condemner as someone who is to be pitied or as needing help to overcome their ignorance is another manifestation (Goffman, 1963). Research participants routinely engaged in narratives that incorporated variations of these techniques by dismissing the negative actions and attitudes of others as, “It’s Their Problem.”

For Carl, rejecting the rejecters may have been a skill that he developed as a child to deal with teasing by his peers. As an adult, he still used this mechanism to cope with his stigma. In the process of telling me how it took him a year and a half to tell his one friend about his record, Carl also noted how at other times he had been too trusting. “I don’t like lying. If somebody wants to know me... they’ll know me for who I am, what I was. And if they don’t like me, well, goodbye.” Rejecting those who would hurt him was Carl’s way of protecting himself emotionally and maintaining some sense of self-worth or self-respect. Similarly, Shane bolstered himself by challenging others’ beliefs and assumptions, a behaviour he believed others saw as arrogance. Referring to one instance of public confrontation, Shane explained how his attitude fed into his reaction:

I derive a lot of what strength I have from defiance.... It made me feel like challenging [them]. It made me feel just like, “Fine. Think what you want. *Screw you.*” Which is not how I want to be either. I want to be like, “Let’s all just move past this and grow together.” But a lot of people aren’t willing to do that. I find myself occasionally sinking to their level, which is sad. I don’t know, but you gotta find strength somewhere.

Shane, who was very involved in his Christian faith, managed to construct himself as being on a higher moral ground than people who are ruled, in his mind, by their ignorance. Moreover, he

constructs himself as intellectually superior through his ability to challenge cultural discourses where others just blindly accept them. Shane's assertion of moral superiority as expressed in others' lack of willingness to work together amounts to a downward social comparison that allows him to justify his dismissal of people and their negative attitudes.

The central feature of the "It's Their Problem" narrative strategy is that the stigmatized subject attributes the source of the interpersonal conflict or disapproval to some flaw in the other, not himself. The claim becomes a form of self-absolution where the sexual offender is the wronged party; but instead of being released from their guilt or shame, finding flaw in the other fortifies their strength to resist the negative emotions elicited by the confrontation. Evan, a traditional Saulteaux man, made sense of other people's negative reactions as symptoms of their own problems and insecurities. "When somebody keeps putting me down, you [wonder] why? Are they jealous? Or is there something else there? You have to just think, that's their garbage, that's their character. You don't want to carry anybody else's garbage around."

In focusing on their individual processes of moral habilitation, some participants found it helpful to recognize the boundaries between what they could and could not control. The claim of a person's right to his or her opinion was part of their common rhetoric in this matter. When I questioned Danny about his thoughts on other people's impression of him, he emphatically exclaimed, "Who cares how they see me? It's not up to them how I want to be." Like many other men, Danny indicated that, "[People] are *allowed* to have those opinions and those views, but if they're gonna be disrespectful or endanger my life, *then* I'll have something to do about it." It was a common enough sentiment among the men I interviewed: if people did not go out of their way to bother them, they did not care about what others thought.

Condemning the condemners through narrative appeared to have a positive influence on participants' self-concepts and abilities to cope with stigma. It established a boundary identifying what they had the power to work on for themselves and what they needed to learn to let go. This self-protective claim reinforced their confidence and the sense that they were entitled to feelings of self-worth, despite what others might think. Furthermore, the argument that stigmatizers have their own problems and issues that they should be working on could be a leveling discourse that serves to minimize the differences between offenders and non-offenders. Being perceived as someone who is just trying to work on his problems like anyone else serves to contradict the pervasive discourse that sexual offenders bear some essential deviance, illness, or capacity for evil. That said, the next strategy was much more adept at claiming that sexual offenders are not much different from other people.

4.4.3 *"Everyone Makes Mistakes"*

Some of the men in this research attempted to minimize their stigma by normalizing their errors as part of their individual learning processes. Arguing that "Everyone Makes Mistakes" is a narrative strategy that attempts to position sexual offenders as no different from any other person. "To err is human," the poet Alexander Pope once wrote. The challenge that sexual offenders run into with this argument is that public sentiment generally holds that the magnitude of their "mistake," the sexual violation of another, is so great and so unforgiveable that there must be something fundamentally wrong with them in the first place. The cultural discourse that contributes to this sentiment typically omits the broader context in which a sexual offender's behaviour develops, which may be why the men who used this argument would frequently situate their "error" within a mini life narrative. For example, Jason situated the evolution of his

crimes in the context of a troubled childhood and adolescence while asserting that the measure of goodness in the offender was his initiative to learn from the past:

Some people that I've encountered truly are sick and dangerous people, but there is also the *other* end. People like me, we made a mistake. We grew up not knowing any different. We were abused as children [and] we thought that was normal. So you grow up doing the same thing, but then you get in trouble. You're *shown* and you're *taught* that it's wrong. So what are you gonna do about it? Are you gonna keep going or are you gonna change?

Themes of morality and redemption are deeply embedded within this narrative claim. In Jason's example, he aligned the "sick and dangerous" offenders with those who were not willing to change, while men like him who were making efforts were more worthy of inclusion in society. Through this claim, men found another way to assert a superior moral evaluation of themselves, but this time using their agentic capacity to learn from their mistakes and commit to a path of moral habilitation as the support for their argument.

"Everybody is going to screw up in their life at some point in time," Jacob asserted. "Nobody's perfect. If you're perfect, there is something *seriously* wrong." By normalizing error and unintentional harm as something as intrinsic to humanity, Jacob set up an argument that projected immorality to the people that endorse stigmatizing discourses:

To not give a person at least a second chance... is really selling them [short].... People do bad things. Even little things that people think nothing of can affect another person in a huge way that they don't realize, and to *not give* that person at least a second chance to try and rectify it or at least give some sort of *proof* that this isn't what they are... is wrong. I think that people become no better than the person that they're judging really, at that point.

Jacob was a first time offender who explained his offence in the context of marital problems, depression, and a gradual degradation of his mental state. Consequently, he separated himself from repeat offenders so that he could concede to part of the public discourse that he otherwise rejected. Continuing his narrative, he elaborated, "Of course saying that, if you turn around and

do it again a second, third [time], or more, then there's a serious problem and something else isn't right."

Two additional observations from this excerpt are also noteworthy. First, Jacob's phrase extolling the importance of having an opportunity to prove "that this isn't what they are" highlights the central figuring of conflict between an essentialized master status (Dotter & Roebuck, 1988; Lacombe, 2008, 2013) and the offender's perception that he is much more than the sexual offender label suggests. Conflict between social and personal identities is the main concern with another narrative strategy, "That's Only a Part of Me," but through Jacob's narrative excerpt we can see how the men adopt multiple claims that were fluidly manipulated to support their overall arguments. Second, Jacob's reference to intentionality where "even little things" can harm others reflects a consistent undercurrent in many interviews that aim to separate the truly "sick" premeditative offenders who predate upon their victims from the first time offenders who see their offences as unintentional harms. Of course, it is this latter group that is constructed as being worthy of another chance at redemption, whereas repeat offenders like Jason, Danny, Tanner, and Shane cannot use this more nuanced facet of the narrative strategy. Instead, they tend to focus on claims such as "I've changed, I'm better," "It's Their Problem," and "That's Only a Part of Me."

Jacob criticized the dehumanizing aspects of public discourses, the messages that sexual offenders are untreatable, that they should be locked up permanently. He said that he recognized "where the message is coming from," that it is "from people who have done it more than once or twice." Stating that he understood the principle, he still argued:

Something really needs to be done to explain to society [and] to get them to understand that, yes, this person did something bad [but] they're still a human being. They've served their time that is considered appropriate and now they're part of society. They should be given every opportunity to be part of society.

Jacob's discourse was loaded with moral declarations such as "something needs to be done" and "they should be given every opportunity." He also injected another claim that is related to the rhetoric of "Everyone Makes Mistakes," that is, he claimed that, "they've served their time." This last claim is a common appeal in the argumentation of men seeking re-acceptance into society after a criminal conviction. It is used as a justification for redemption but it is a weak attempt at begging social inclusion. Public discourse is just too replete with the contrasting belief that the Canadian justice system is too easy on criminals and that imprisonment does not equate with habilitation.

The "Everyone Makes Mistakes" narrative strategy is an attempt to decrease the moral distance between offenders and non-offenders so that instead of being constructed as dehumanized personifications of evil, the sexual offender might be viewed as someone who succumbed to his problems through a series of increasingly bad decisions, a failing that people may relate to better. This strategy engages with a normalizing discourse to remind its targets that error, regardless how big or small, is a part of the human condition and one that creates opportunities for psychological growth. Morality and a rational challenge to ethics are used to argue that everyone should be afforded a second chance to learn from their errors. The claim that "Everyone Makes Mistakes" calls attention to a form of resistance that uses challenge rather than deflection because it bears the potential for people to alter their views of sexual offenders as they learn more about offending behaviour (Thoits, 2011).

4.4.4 "I'm Not a Pedophile, I Wasn't as Bad as..."

The sexual offender label is not exactly nuanced. It is like a blunt instrument in that it lacks the refinement of being able to differentiate between degrees of harm and degrees of risk. In public discourse, this label connotes a binary assumption for both harm and risk. The sexual

offender is seen as having grievously and irreparably harmed their victim and constitutes a great hazard to the public at large. However, this imagery does not accurately represent the reality of sexual offending. The victim of “Invitation to Sexual Touching” will likely experience much less trauma than the victim of “Aggravated Sexual Assault.” Men convicted for sexual offences know well these gradations and utilize them to their fullest advantage by claiming that their offences were not as bad as they could have been.

One of the first topics addressed in sexual offender treatment is that of denial and minimization. Both of these are part of treatment responsivity because to either deny responsibility for or minimize the seriousness of their crimes is believed to interfere with the offender’s ability to respond to treatment (Beyko & Wong, 2005; Langton, Barbaree, Harkins, Arenovich, McNamee, Peacock, Dalton, Hansen, Luong, & Marcon, 2008; Looman et al., 2005). Broadly speaking, minimization is a discursive technique employed to reduce the perception of offensiveness attributed to a particular act or event (Benoit, 1995; 1997). In the forensic context of treatment for sexual offenders, minimization is manifested in various ways, such as denying that the victim was harmed, saying the victim was acting in a provocative manner or deserved the assault, or attempting to diminish their own responsibility by citing intoxication or some other external factor. Where these forms of minimization are pathologized as cognitive distortions in SOTPs, they are common and even normative techniques of narrating one’s experiences (Waldram, 2010, 2012). Minimization should not be confused with a similar impression management technique, that of differentiation. Both techniques can be used to decrease the offensiveness of one’s actions, but where minimization attempts to claim that the act itself was not serious, differentiation attempts to decrease the negative feelings directed toward the perpetrator (Benoit, 1995; 1997). An offender could use minimization and

differentiation to claim that his crime was not as offensive as another's or that he is not as bad a person as the next. However, since the vast majority of this study's participants had been through treatment, minimization was extremely rare in their interviews.

Unlike minimization, differentiation was highly evident in men's narratives. On the first day of his community-based treatment maintenance program, Chris was worried about which of his co-participants might have been a pedophile, at least until the treatment facilitator clarified that no one in the group had been convicted for offences against a child. In part, he was worried that others would think that he was a pedophile. "Not like I have anything against them 'cause I'm not saying that I'm any better than a pedophile. We're all bad. It's still a bad crime. It's just the label." Chris continued on in a confused manner as he walked a tightrope between justifying his offence against an adult as "less bad" than an offence against a child and following his treatment lesson to not minimize the impact of his offence on the victim. He did not want to show any indication of minimizing his crime while still trying to contextualize it as less harm inducing than other possible offences.

Chris appealed the polarized public perception of sexual offenders with the graduated harms of different offences. He claimed that all sexual offences are bad, but some are worse than others. Gradations of "badness" are endemic to the general discourses and claims making from most men in this research. When men engaged in claims such as "I'm Not a Pedophile" or "I Wasn't as Bad as..." they were differentiating their crime as less harmful and less morally offensive than another, thus implying that they were more worthy of social inclusion than other sexual offenders. Differentiation in this context was clearly a means of engaging in downward social comparison so as to protect one's sense of self and social position (Crocker, 1993). According to Carl, "What a lot of [sexual offenders] try to do is say, 'I wasn't as bad as this

person so why are you putting me in the same shoe as him...?’ You’re trying to vindicate yourself compared to what somebody else has done, and not be put in the same light as [him].”

Some sexual offences are quite ambiguous in their legal titles. For example, the crime of Sexual Assault may include a range of violations of which penetrative rape is only one. Differentiation, then, can be seen as particularly important for men whose offences could involve a range of possible acts. Kevin engaged in differentiation because being labeled a pedophile, his best strategy for impression management was to clarify what degree of harm he inflicted upon his victim. Specifying his actual conduct during his offence allowed him to claim that he was not as bad as other pedophiles. Kevin met with his pastor and the man’s wife to explain the context of his offence. All they knew prior to this meeting was that Kevin had offended against his ten-year-old stepson.

I got into specifics with them because they *wanted* to know what was going on in my mind when I was offending and what the actual type of offending was.... I certainly want to clarify [to] people the type of offending that was going on because... right away people assume [rape] when they hear about a sex offence against a young boy.... That *wasn't* the case with me. I’ve never fantasized about [penetration], thank God. That’s never been something that I’ve found arousing.... I mean, not that what I did is *good* or anything, but on the *range* of offending, it’s on the minor side as far as the physical impact. Obviously there’s a terrible emotional impact that goes along with any kind of sexual offence but the actual physical impact is on the minimal side, as far as the offending that I was doing. People usually feel better about *that* because they *don't* want to think of me as a person who’s hiding in alleys and grabbing children at night... and raping them.

Kevin framed his decision to disclose further details of his offence as setting other people’s minds at ease, which I felt was sincere and consistent with my impression of him as a sensitive, caring, and deeply remorseful man; yet, his narrative strongly served his own need to temper other people’s negative and abjecting impressions of him. He separated the emotional harm he acknowledged causing his victim from the physical harm that did not take place by clearly differentiating himself from pedophiles that might engage in penetrative acts.

Between news media and state press releases, sexual offenders have very little control over who receives information about their personal lives. By differentiating his actions, Kevin was able to restore some degree of control over the kind of information people received about him, and thus the kind of evaluation they may append to him. Similarly, Tanner's experience when he was angry due to being outed by his nephew's girlfriend is another illustration of how the control of information is an important dimension of impression management for sexual offenders. Differentiation in this context involved the comparison of stigmatized selfhoods by splitting a singular master status into its specific offences that were then ranked according to their perceived offensiveness. Noteworthy, while some narrative strategies described here challenge the identity and master status imposed by the generalized sexual offender label, stating that "I'm Not a Pedophile or I Wasn't as Bad as..." was a form of deflection. Men accepted their broader abjected status but their deflection attempted to prevent further degradation to their self-concept by engaging in downward social comparisons (Thoits, 2011). Furthermore, participants' emphasis on the differentiation of offences is used as logic to argue against the polarization of good and evil that is put forth in most discourses on sexual offenders: they are not completely evil or bad because their offence was not as bad as compared to offenders who are "more evil."

4.4.5 "It's Blown Out of Proportion"

Some research participants would try to invalidate their labels by claiming that the stigma placed upon sexual offenders was completely "Blown Out of Proportion." They resented the repetitive and over-mediated discourses that disproportionately vilified sexual offenders. At the same time they perceived that other crimes were hardly stigmatized at all by comparison. The media were thought to be the chief culprit due to the powerful influence they have over people's beliefs and attitudes. When asked what he thought of all the negative messages and discourses

associated with sexual offenders, Jacob declared that, “a lot of it [was] crap.” Acknowledging that he understood society’s view, he blamed the media for their hyperbolized representations.

I was a regular respectable member of society at one point at time.... I’m still, I guess, a respectable member of society. I just have a label now. The biggest problem is the media because a lot of it is blown out of proportion. They really pick and choose what they want to say and I really don’t think that’s right.

Statements like Jacob’s reveal that sexual offenders not only challenge treatment practices (Waldram, 2007, 2012), but also the conduct of the news media.

Minimization and differentiation strategies lay at the core of the “It’s Blown Out of Proportion” narrative strategy, but in rather unexpected ways. Differentiation between the various sexual offences, as exemplified by “I’m Not a Pedophile,” was extended in this argument to claim that the stigma associated with the label was disproportionate to what they had actually done. Continuing to use treatment language so as to not minimize his offence, Chris relayed a common sentiment: “I’m not trying to downplay what my crime was and... the *seriousness* of it; but... there are other [crimes] that are *really* serious too that *do not* get *any attention* at all. And [it] just seems kind of unfair.” In essence, Chris is objecting to what he sees as the minimization of other serious offences by the media. Even though his perception may be influenced with selection bias so that his attention is drawn to self-relevant information, he has clearly learned to eschew the minimization of more than just sexual offences.

Another twist in the “It’s Blown Out of Proportion” strategy is the deployment of what might be labeled an anti-differentiation argument. Jason too blamed the media for people’s attitudes while highlighting what he thought was an irrational discrimination against just sexual offenders. According to him, too many people learned about sexual offending from television, where narratives such as, “Once an S.O.[sexual offender], always an S.O... [and] all this bullcrap,” were prevalent:

As far as I'm concerned, it's just like any other crime. Next door to you, do you want a thief, a murderer, a child molester, or a drug dealer? For some reason [people] always pick on the S.O.. They would rather have a drug dealer or a murderer [living next door]. It's a weird impression that society seems to have.

Jason's disagreement with the differentiation between sexual offences and other crimes had merit. The stigma of being labeled a sexual offender becomes a secondary form of punishment that can reinforce societal discourses and structures, thereby forging a behavioural pathway that encourages sexual offenders to be the essentialized incorrigibles that they are thought to be (Taylor, 2009). Jason implicitly questioned the intensified stigma applied to sexual offenders in his statement regarding the "weird impression that society seems to have." While most crimes go against the moral order, sexual offences are especially objectionable because they represent a violation of bodily autonomy and a defacement of the sacred (Taussig, 1999). Furthermore, societal agreement that the moral order has been violated sets the stage for a collective response and moral regulation.

4.4.6 *"That's Only a Part of Me"*

As part of their process of moral habilitation, sexual offenders must navigate through stigma and damaged selfhoods to construct a new internalized moral self. The first part of this undertaking involves patching up their fragmented self-concepts as they find ways to challenge stigma and crippling emotions such as self-loathing and worthlessness. In other words, they must learn to move on from that period of disruption. Learning to reject the label of sexual offender was a keystone for the narrative reconstruction of selfhood. The "That's Only a Part of Me" narrative theme represents men's rejection of the essentialized and totalizing master status of sexual offender, or the full out invalidation of the label. The previous narrative strategies identified here, with perhaps the exception of "I've Changed, I'm Better," served to chip away at

the perceived validity of the label, encouraging the men to claim that being a sexual offender is “Only a Part of Me.”

Men convicted of sexual offences readily reject essentialist claims that they are evil or that their label solely defines them (Waldram, 2009). As expected, the men in this research did the same. For example, Tanner was bothered by the prospect of vigilante justice, even though he had never experienced any himself. Such actions from an “uncivil” society were for him based on snippets of information the public receives about the labeled person. “They don’t know us,” he started, referring to sexual offenders in general. “They don’t know me. That’s only a part of me.” Tanner continued by challenging the reductionism inherent in the label through a biological comparison to our cellular composition. “What bothers me the most is people who think just because I’m labeled that, that’s all I am.... That’s just like saying, ‘You’re a bag of water,’ you know? ‘Cause it’s a part of us [but] it’s not *us*.” Clearly, Tanner considered his history of sexual offending as just one of many narratives that comprised his personhood.

An anti-essentializing discourse that is commonly adopted from treatment involves the recasting of sexual offending as a problem that is external to the man’s selfhood: he is not the problem, but rather, he *has* a problem that he can change. This strategy not only gives hope for a better future to offenders but it becomes ubiquitous as a self-protective claim. Danny declared, “I don’t view myself as having that label of a sex offender. I pretty much view myself as having a sex-offending problem, which I’m dealing with. I’m not a sex offender. It’s a problem that I have.” In all cases, the label was invalidated as an essentialized typification that did not represent the entirety of the man’s personhood.

Stepping further than the pervasive anti-essentialist arguments, Shane questioned the very basis upon which our identities develop. He initiated his critique when I asked the same question

that I posed to the others: what did it mean to have that label assigned to him? Like some other men, he responded with, “I don’t see it as a valid label.” He then launched into a narrative of his challenge to an authority figure on his use of the label:

My very first probation officer and I had this conversation where he was always calling me an offender and I was like, “That’s *not* correct. I’m not offending nor do I have any option but to not offend right now because I’m on house arrest.” The way I see it, is [that] there’s got to be a point where your actions don’t define who you have become. Like if you steal something from a store when you’re seven... that doesn’t make you a thief when you’re ten unless you keep deciding to steal. So the *label* “sex offender” is just a designation we’ve given you based on *one* thing you did.

Is it our actions that define the kind of person we are, and if so, when does an older pattern of actions stop defining us? According to Shane, “If you stop dealing drugs tomorrow, then you’re not a drug dealer anymore. And if you don’t offend, then you’re not an offender.” This action-oriented identity may work in some situations but the stigma of sexual offending ascribes symbolic disfigurement to one’s personhood long past the time of the offence and/or conviction.

Furthermore, Shane identified a paradox whereby members of society actually construct the sexual offenders that it collectively despises. “Standing up against [the label] takes effort and courage that aren’t always there,” he related. “It’s easier sometimes to just see yourself as [how] they want to see you. Then you’re just like, ‘Put me back in the box. That’s fine. Now I’m in this box. Great. Now what?’” Despite the energy it took to resist, Shane refused to accept being labeled and pigeonholed into what other people expected of someone who was a sexual offender. He insisted that society’s pattern of labeling and stigmatizing men convicted for sexual offences was detrimental and counterproductive:

I *don’t* know why it’s done because society wants me to not be in the box. It would be beneficial to them were I not to be a sex offender. Labeling me as one and *treating me* as one is a mistake because they’re just encouraging me to be what they don’t want me to be. It’s a contradiction that I don’t understand. [...] They think the label is some kind of legitimate claim of who I am, and therefore they’re going to treat me *that way*. That’s why I think the labels should be gone.... They should treat you how they want you to be,

not how they don't want you to be, 'cause that's insane.

Shane's observation is especially noteworthy because it highlights a contradiction between actual and perceived moral habilitation. To the public, it does not seem to matter if sexual offenders have been habilitated and pose little to no risk of actually recidivating. All that does matter is the fear associated with the perception that they *could* reoffend. In essence, the stigma of being labeled a sexual offender ensures that society will not allow the subject to ever be fully habilitated. Labeling theory has long asserted that imposing a label and description that classifies a person sets up a self-fulfilling prophecy. The person begins to be treated according to their label and thus is encouraged to conform to others' expectations (Braithwaite, 1989; Tannenbaum, 1938). Foucault too understood that the act of naming an object brought it into existence (Foucault, 1976; Taylor, 2009). SOTPs may unwittingly construct sexual offenders as men who are "consumed by sex" by drawing them into protracted confessions of real or made up sexual fantasies (Lacombe, 2008, 2013). Intuitively, Shane recognized this paradox and adopted a view consistent with narrative theory, that is, the assumption that the narratives employed to explain the past and present will construct our understanding of the future (Presser, 2009). Shane's rejection of the label was his way of agentially controlling his own destiny and refusing the representation of him imposed by others. He was "convinced that I don't have to be who they're labeling me as."

"That's Only a Part of Me" is a narrative strategy that challenges the eclipsing influence of the sexual offender label and declares it invalid. While challenging, as opposed to deflecting, forms of resistance attempt to change prejudice and discrimination, very few men in this research spoke of directly confronting stigmatizers to try and change their attitudes. Shane and Danny were the only participants who would confront others even though other men expressed similar

beliefs about the label, an observation that further suggests moral habilitation operates through the construction of docile bodies. Compared to men who used more deflecting strategies and were more accepting of the label, it is no coincidence that Shane and Danny appeared to be more confident because there is a positive correlation between self-esteem and challenging stigma (Thoits, 2011; Wright, Gronfein, & Owens, 2000). Direct confrontation can be a frightening activity for sexual offenders because they not only have to acknowledge their abjection but they have to rise above it, a difficult task if one is already low in self-esteem. One indirect, and thus safer, means of challenging stigma that Thoits (2011) discussed is to simply act in a way that is incongruent to people's stereotypes. Shane raised this issue, only to conclude that people will not let him act as a non-offender because they expect him to reoffend and therefore respond accordingly.

4.4.7 Summary

Previous research examining how criminal offenders as subjects of stigma engage in impression management strategies is consistent with the findings from this study. Ex-convicts manage their stigma through social withdrawal, preventative telling, and maintaining secrecy regarding their personal histories (Winnick & Bodkin, 2008), all of which were regularly described as part of men's post-imprisonment lives here. "Passing," the attempt to keep an invisible stigma from being revealed through techniques such as fabrication, concealment, and discretion (DeJordy, 2008), was every participant's goal, even for those men who claimed that other people's attitudes were "Their Problem." Other coping responses like group disidentification and disengagement from stigma-inducing situations (Major & O'Brien, 2005), claiming their offences were out of character, deflecting to crimes or offenders thought to be worse, and claims of a changed self (Presser, 2004) were all common. Participants described

avoiding other sexual offenders and resorting to social withdrawal when they could no longer cope with their stigma. While these strategies were moderately successful, social withdrawal is considered a dysfunctional tactic that can ultimately increase a person's risk to reoffend (Quinsey, Harris, Rice, & Cormier, 1998). Very few men actually rejected the sexual offender label outright. Most accepted it along with responsibility for their crimes while still making other attempts to limit the effect of stigma upon them. Like Leary and Kowalski (1990) predicted, participants used multiple narrative strategies in attempts to achieve the maximum effect in protecting their self-concepts and identities. Their various claims were combined and overlapping in their narratives as each built a case against their stigmatization and for their societal re-inclusion.

Sexual offenders narrated and managed their experiences of stigma somewhat differently depending on whether or not they are a first time or repeat offender. The men who were first-time offenders, generally but not always, gave more intense descriptions of abjection from family and friends. Their offences were a shock to the people around them and their sudden stigmatization hit them like a wave as people rapidly ejected the men from their lives. The first-time offenders were more likely to disclose how their offences made them feel like "losers" or "pieces of shit." For repeat offenders, these experiences of stigma were not new so they were likely less salient in their minds and the interviews. Both groups of men spoke equally of fearing others would find out about their past, but references to fear along with the other emotional ramifications of abjection dissipated as narratives shifted into the present tense for most. As for the narrative strategies they used to manage their identities, there were no clear patterns.

4.5 Stigma and Moral Regulation

Stigma is a discursive and context dependent force that shifts with the discourses and material conditions of society (Crocker & Quinn, 2000; Meisenbach, 2010). These characteristics establish stigma as a moralizing force that makes examples of what we *ought not* to be in order to have full citizenship. Stigma needs to be considered both a discursive and embodied form of moral regulation. According to Allan Hunt (1999):

Moral regulation involves the deployment of distinctively moral discourses which construct a moralised subject and an object or target which is acted upon by means of moralising practices. Moral discourses seek to act on conduct that is deemed to be intrinsically bad or wrong. (p. 6)

Like moral regulation, stigma is also formed and attributed to its target individuals or groups through moral discourses; but it is also embodied by the abject, visceral responses to polluted identities and by peoples' physical distancing from the stigmatized Other. Stigma is frequently seen as an oppressive and socially inappropriate response when it is associated with discriminatory experiences such as racism, ableism, and homonegativity. For moral transgressions like adultery, criminal activity, blasphemy, or dishonesty, stigma is more closely associated with a deserved punishment. Where moral regulation was seen to involve persuasive means to induce desirable actions (Corrigan & Sayer, 1985; Hunt, 1999), Critcher (2009) argued that coercive means are also part of moral regulation, particularly when the regulatory aspect combines with the development of moral panic. Specifically, he identified mechanisms of social control such as state law, police forces, and punitive measures as coercive forms used to curb an undesirable behaviour (Critcher, 2009). More recently, moral regulation has been clarified as including both proscriptive and prescriptive systems to govern behaviour (Janoff-Bulman, 2012; Janoff-Bulman et al., 2009). Moral discourses invoke and regulate societal values and ideals to prescriptively encourage citizens to live up to a certain standard of behaviour. Criminal justice

systems are proscriptive mechanisms of social control that punish legally unsanctioned behaviour for which the persuasive force of moral regulation is ineffective.

The moral habilitation of sexual offenders involves both systems of moral regulation, the prescriptive and persuasive mode of governing, and the proscriptive and coercive elements of social control. Conviction, imprisonment, and treatment are all mechanisms of social control. Treatment is not controlled to the point of forced attendance, but participation often involves coercive incentives like gaining the possibility of parole or avoiding public notification upon release. The first-time offenders in this study, especially those who identified that “they had changed” or “they were better,” described how their confrontations with the criminal justice system motivated or provided the opportunity for them to change and improve their lives. The criminal justice system is a mechanism for social control but it provided a catalyst for some sexual offenders to gradually take control and agency over their wellbeing. They would not have participated in any form of treatment if they had not been subjected to criminalization and incarceration.

The ubiquitous and stigmatizing discourses aimed at sexual offenders might be initially viewed as forms of persuasive moral regulation to discourage illegal and morally deplored activities, but this assumption is deceptive. Men convicted of sexual offences are routinely set up in various media sources as examples of and for public humiliation. Stigma pre-exists individual perpetrators’ offences with many offenders publicly displayed as examples of what happens to “deviants.” Consistent with the ideology of penal populism (Pratt, 2000), public humiliation is sometimes thought to be a form of persuasion that would prevent others from contemplating the commission of a sexual offence. On the surface, stigma appears to be a dissuading moral example but this assumption presupposes sexual offending as the rational, contemplative action

of a mentally healthy and balanced mind. More accurately, many sexual offences can be attributed to a series of impulsively performed, poor decisions comorbid with mental health concerns. They are most often not logically thought out but instead spontaneously acted out in moments where clarity and logic of mind are minimally present (Waldram, 2012). There is little intentional reflection or agentic decision-making upon which persuasion might have an effect. Consequently, stigma cannot be seen as having much in the way of preventative influence on sexual offending.

This research demonstrates that stigma and abjection are much more effective as social controls that punish offenders socially and psychologically for transgressing the moral order. Social control acts to morally habilitate sexual offenders in two interdependent ways. First, the criminalization of an offender instigates his public stigmatization, which is a type of informal social control. It is unintentional but ultimately works to benefit moral regulation. Second, the formal social control of the criminal justice system functions to segregate sexual offenders from society, to punish and habilitate them. Expanding on Foucault's (1976) work, Taylor (2009) argued that because sexual offenders are doubly punished through their stigma, society may be better off eliminating the label and shifting to a system where criminals are differentiated by the seriousness and degree of harm caused by their offences. Offenders would still be segregated, punished, and treated. Imagining this prospect, the current forensic practices of using offence categories to target treatment needs and guide treatment approaches could continue without the public labeling of sexual offenders; however, it is important to ask if there any benefit to the stigmatization of sexual offenders from the standpoint of moral habilitation?

Despite the social abjection, loss of self-esteem, and potential recidivism risk associated with social withdrawal, stigma instigated an unexpected benefit for many of the men in this

study. The social and self-abjection added to an already unsatisfied life state to prompt participants into making significant life changes. Moral regulation acts through proscriptions that enforce behavioural inhibitions and prescription to encourage behavioural activation (Janoff-Bulman, 2012; Janoff-Bulman et al., 2009). Moral regulation as a punishing, informal social control had an unexpected benefit of activating the persuasive and prescriptive form of moral regulation by assisting men in establishing and pursuing more desirable life goals. Chapter 3 identified the various motivations that influenced research participants' moral habilitation processes. Stigma had the beneficial effect of being an extrinsic motivator for many participants. At the minimum, some men recollected their decision to take a treatment program as a means to avoid the stigma of community notification. As an extrinsic motivator, stigma was a persuasive form of moral regulation that channeled offenders into treatment and moral habilitation. The stigma that participants had experienced from previous convictions or from their arrest was punishing, but it also helped them identify a contrasting, "Better Life" that they could work towards. Having experienced an "Unfulfilling Life" filled with unhappiness and dysfunction, the disruption of their most recent conviction motivated them into a state of deliberate agentic willing. To clarify the theoretical implication here, moral regulation involved the proscriptive, punishing force of social control in conjunction with the persuasive, prescriptive mode of moral regulation so that both coercive and persuasive means were deployed to encourage moral habilitation in sexual offenders.

There remains one complication to this framework, that is, society's rejection of notions of sexual offender (re)habilitation. Discourses such as "once a pedophile, always a pedophile" cast fear and doubt into a populace, contributing to the ongoing abjection of men convicted of sexual offences. Despite a former sexual offender successfully completing treatment and

demonstrating his ability to remain offence-free, the public still retains their distrust and refuses to relinquish the label and associated stigma. Some men in this and other research (i.e. Elbogen et al., 2003) indicated that community notification laws and their synoptic effects reinforced their need to continually engage in relapse prevention measures. In contrast, however, a hostile public can also increase the propensity of an individual to reoffend (Zevitz & Farkas, 2000). It becomes clear that the intensity and duration of stigma is one of several critical factors in creating a balance between the positive and negative outcomes of formal and informal social control.

Resisting stigma is an intentional, agentic behaviour on the part of the stigmatized (Horwath, 2006; Thoits, 2011). Agency was clearly manifested through men's narrative impression management strategies. "It's Their Problem" was partly characterized by setting a boundary between what men felt was important for them to care about and what was outside of their control and therefore not valued. It was an agentic decision to take that approach but it also became embedded in their value system and rhetoric. The two strategies, "I'm Not a Pedophile" and "That's Only a Part of Me" both implied that self-determination was their most valuable weapon against their stigma. With the "I'm Not a Pedophile" strategy, participants made it clear that having control over their own information was incredibly important to them. Being publicized or outed by someone represented a loss of control over their near futures, but being able to preventively disclose information gave them the opportunity to explain their stories within their desired context and conditional statements. Control over their personal information allowed them to engage in impression management strategies. As for the narrative strategy, "That's Only a Part of Me," rejecting the label and the expectations it constructed in others for how a sexual offender should behave acted as reclamation of control. Shane in particular made a claim for being who he wanted to be by resisting the labels and conditions that others placed

upon him.

4.6 Conclusion

Stigma is an intensely moral experience for it invalidates one's worth as a human being and it threatens "what is most at stake for actors in a local social world" (Yang, Kleinman, Link, Phelan, Lee, & Good, 2007, p. 1525). Stigma-induced rejection strikes a damaging blow at the heart of one's identity and self-concept. The personal and social identities of men convicted of sexual offences become polluted by their crimes. The intensity of the stigma associated with sexual offending pushes their disqualification beyond discrimination and other more subtle forms of marginalization to complete abjection from society.

Men convicted of sexual offences used various narrative strategies to persuade others to reverse their social exclusion. These claims also served to protect their identities and self-concepts, to agentially resist their low status on social hierarchies, and to (re)claim some measure of self-determination and self-respect (Maruna, 2001). More importantly, stigma neutralization and impression management protect one's sense of self (Goffman, 1963; Maruna, 2001; Sykes & Mazza, 1957) and therefore improve the odds that an offender can be moral habilitated. Stigma is a tremendous barrier to help seeking. Cognitive distortions and complex rationalizing can convince an offender that what he is doing is acceptable to continue, but the perpetrator who knows that he has a problem and needs help is understandably reluctant to do so when there is no known service to seek out and only public humiliation and imprisonment are in store for him.

The stigmatization of men who have sexually offended is a double-edged sword in society. Stigma inflicts a psychological, social, and material punishment for those who violate the moral boundary of sexual violation. It sets them up as an example for what others can expect

if they do the same, reinforcing the moral standards of society. It appears to be a logical and deserved consequence for perpetrators but might backfire by encouraging them to conform to the label and the stigmatizing expectations of others. Conversely, stigma might have the benefit of motivating men away from an “Unfulfilling Life” so that they begin striving for a “Better Life.” Society at this point in time appears emotionally committed to the stigmatization and abjection of sexual offenders. In treatment, sexual offenders are taught to emulate an idealized, cultural form of sociality that does not exist in an unforgiving society (Waldram, 2012). Many men, particularly high-risk offenders, do not complete SOTPs (Olver, Stockdale, & Wormith, 2011), which suggests that alternative means of engaging treatment participants may be fruitful (Waldram, 2008a, 2010, 2012). The findings from this research indicate that institutional treatment programs can instill beneficial changes in sexual offenders. It is more difficult to determine to what degree these changes come from free agentic will to engage in moral habilitation or from the subjection of docile bodies to a morally regulating governmentality. Clearly evident, however, is the extent to which moral habilitation requires extensive inner fortitude to overcome a lifetime of dysfunctional patterns and to persevere despite a hostile community that treats men convicted of sexual offences as if that is their only possible role within society. If evaluations of Circles of Support and Accountability are any indication (Wilson, & Prinzo, 2001; Wilson et al., 2009; Wilson et al., 2007; Wilson et al., 2005), social support throughout community (re)integration is an integral component to moral habilitation.

If crime had a simple cause in deviant malice and forethought, the punitive model of crime prevention might actually be effective, but there is growing awareness in the scientific community that it is not the best approach (Feeley & Simon, 1992; Petrunik, 2002). Sexual offenders with few supports and a very negative sense of self will resort to avoidance measures,

socially withdrawing and maybe even reoffending as a way to deal with their distress (Tewksbury, 2005). Still, the entire effect that stigma has on sexual offenders' moral selfhoods is not yet clear. For that I turn to the next chapter.

CHAPTER 5: STIGMA AND MORAL SELFHOOD: THE FOUR SELVES OF ETHICAL SELF-REFORMATION

After being released, I started talking... to some of the victims that I've been charged with. I came forward and took responsibility.... I explained to him what I did to him was wrong and it was not his fault. I didn't ask him to forgive me.... I don't deserve his forgiveness unless he wants it.... It took a *lot* of courage to do that.... I took responsibility, which helped a lot in therapy. It actually helped a lot with the victim empathy because actually seeing the responses [from victims].
Yeah, that was hard. (Tanner)

5.1 Introduction

Stigma inevitably influences a person's selfhood and self-concept, particularly when it evokes a strong negative response, as is the case with men labeled sexual offenders. In the previous chapter, I established the range of experiences that stigma elicits for sexual offenders and the effects it had upon their lives. Criminal offenders in this and other research (i.e. Maruna, 2001; Presser, 2004) have demonstrated the variety of narrative claims often used to protect their identities and manage the impressions of others. Impression management strategies do have some positive effects for facilitating social interactions but they do not erase the negative impact of stigma upon sexual offenders' self-concepts. The formation of a positive self-concept and moral selfhood is inseparable from the moral habilitation of sexual offenders. This chapter details how the stigma of being labeled a sexual offender has affected participants' self-appraisals from incarceration to community (re)integration along with the changes to self-concept that take place during the ethical self-reformation process. Men's narratives indicated that the resolution of their damaged moral selfhoods involved a broad trajectory of ethical self-reformation where the influence of stigma on the self lessens over time.

Stigma has a profound impact upon selfhood in terms of self-concept, self-esteem, identity, affect, morale, and behaviour (Crocker & Quinn, 2000; Leary, 2007; Link, 1987; Major & O'Brien, 2005; Pachankis, 2007), which is accentuated by selfhood's fundamentally interpersonal nature. As relational beings, we are motivated by the need to belong to a social group, so much so that any activity that enhances our sense of belonging also enhances positive emotions within us (Leary, 2005; Tice & Baumeister, 2001). The relational aspect of selfhood is formed through our relationships to the significant and influential people in our lives along with the social comparisons that we make to others (Andersen & Chen, 2002; Chen, Boucher, & Tapias, 2006; Tice & Baumeister, 2001). In Chapter 4, participants' narrative strategies to manage their self-concepts and the perceptions of other people often involved social comparisons to those perceived as worse, or worse off from them. Chen et al. (2006) postulated that the most influential social comparisons might be those that are made in relation to the significant others in our lives. If this is the case, it would explain the deeper emotional impact of stigma when participants were rejected by their significant others, family, and friends, as compared to the lesser impact of rejection by strangers or the generalized public.

5.2 Selfhood

The self or "psyche" has been a topic of speculation long before psychology ever became a formalized discipline (Leary & Tangney, 2003). There is no right or wrong answer when it comes to how we as enculturated individuals define our personhoods, for the answer truly changes with the lens through which one views the self. A cultural tendency of Western society is to embrace an essentialized selfhood, a core sense of "this is the authentic me" where different behaviours are viewed as temporary deviations from one's true self (DeMunk, 2000). This view of the self is commonly exemplified through statements such as, "I wasn't myself" or "I need to

find myself.” From a narrative perspective of selfhood, individuals construct their senses of self through a discrepant body of meaning-making moments that are authored and manipulated into a coherent whole (Becker, 1997; Bruner, 2002). The narrative self is like a collection of stories that, taken separately, reveal multiple selfhoods; but when put together, selfhood is more like an epic novel that is made up of numerous chapters that are just facets of a diverse whole. Through the narrative lens, a single action or even cluster of actions does not make up a permanent, all encompassing self and identity.

Psychology has focused on a vast array of self-related phenomena of which self-concept is only one topic of study. Self-concept is typically defined in psychology as the cognitive structure of one’s selfhood that both contains and processes all of the individual’s self-relevant information (Campbell, 1990; Demo, 1992). Simply put, self-concept includes the beliefs and feelings toward one’s own being. To be clear, selfhood differs from self-concept for the former implies the broader, holistic sense of our experiential, self-reflective personhood. When I write of selfhood, I am thinking of the entire state of the individual being, complete with our capacities as rational, autonomous agents who must be considered within the expansive context of political, sociocultural, and historical subjectivities.

Identity speaks to the various context-dependent roles and self-aspects that are encompassed with the self and become part of one’s self-definition (Hogg, 2003; Owens, 2003). There are many ways that people choose to define themselves. The most common of these are: personal and demographic characteristics, behavioural patterns, social roles, occupations, historical details, emotional tendencies, and life goals (McConnell, 2011; Owens, 2003). The ways with which we choose to describe our selfhood can reveal various aspects about our

individual personalities, but looking for the commonalities between narratives is informative for learning about the cultural construction of self.

Identities may be viewed as multiple self-aspects that contribute to one's overall self-concept (McConnell, 2011). These self-aspects are context-dependent and explain why our behaviours and cognitions vary from one situation to another. McConnell's multiple self-aspects model implies that selfhood is a collection of highly variable personas, much in the same way that the narrative model of self is a collection of storied events that routinely reconstruct one's sense of selfhood (Bruner, 2002). The belief in a stable and authentic self that has been so prevalent over the past century (de Munck, 2000) is not so much inaccurate according to McConnell as it is dependent upon the perspective taken and the individual characteristics that are being assessed. Personality theories typically focus on the stable aspects or limited contexts of selfhood, but certain traits or personality characteristics that are likely to be stable within situations may be quite variable across situations (McConnell, 2011). Similarly, Chen et al. (2006) indicated that people have multiple relational selves that are dependent upon the specificity of the relational context in which those selves are formed and maintained. For example, we will have one relational self with our spouse or partner that is much different from the relational self we have when around a professional colleague.

Self-knowledge is the foundation of selfhood, which is formed through our awareness of the behaviours, thoughts, and feelings that we experience in relation to specific others (Chen et al., 2006). The construction of selfhood relies upon our cognitive capacity to narrate experience so that new understandings of our identities are formed through shifting self-knowledge (Bruner, 2002). As part of our selfhood, self-stories construct narrative identities as "evolving life stor[ies]" that give meaning and purpose to our existence (McAdams & Olsen, 2010, p. 527).

The narrative identities that constitute selfhood are always formed in part by what we think are others' expectations for us (Bruner, 2002), which is consistent with theories of a relational or interpersonal self. We generally try to conform to group norms and perform impression management to enhance our sense of belonging to others.

Selfhood is made possible through our human capacity for self-awareness as we make that most basic distinction between self and not-self. Self-awareness and its consequent, self-reflection, leads to care for one's own survival and the deliberation of possible outcomes for important decisions (Martin et al., 2003), which define the most basic form of moral agency. Relational selfhood expands an individual's care for the self into a concern for others as well that requires more ethical reflection on the possible effect of a course of action. Similar to agency, moral selfhood is founded in our reflexive capacities to respond in ways that will maintain personal accountability and interpersonal responsibility (Lewis, 2003). It is this ability to make oneself and his or her actions the subject of ethical reflection that determines selfhood as a moral concept. Being that selfhood is underpinned by the capacity for ethical reflection, moral selfhood identifies one's subjective sense of being a good, or not so good, person. Judgments of moral selfhood are established in part through social comparisons to the collective evaluations of moral worthiness characteristic of a cultural group (Monin, 2007). Morality is collectively negotiated into broad codices and scripts that are subject to frequent disputes, contradictions, and context dependent variations. Consequently, moral selfhood situates an individual within this broader cultural setting of contested moralities so that the evaluation of one's moral worth is equally variable and context dependent. Moral selfhood is much like self-esteem and self-worth but where the latter two are distinct and measureable psychological constructs, moral selfhood

assumes the broader cultural influences and subjectivities that go along with selfhood as previously defined.

The construction of a moral selfhood can be accomplished through the manner of narrativizing one's life events to substantiate one's essential worth in society. In a study of how violent criminal offenders narratively construct their moral selfhoods, Presser (2004) observed three different trajectories of (re)habilitation employed by participants to claim their inherent moral worth. Return narratives made claims of moral transformation back to the original moral state occupied prior to the subject's engagement in crime. Stability narratives marked an offender's belief that he was essentially a good person who acted out of character. Elastic narratives involved claims of a changed selfhood, but these claims were also frequently vague or contradictory. Furthermore, Presser observed that offenders had a tendency to frame their moral transformations as heroic endeavors whereby they had to overcome internal struggles like mental illness or addictions. The life narratives that men are expected to present as part of their treatment programs become modified from the individual's initial telling into a group constructed "autobiography" that conforms to the expectations set by treatment providers and other treatment participants who are encouraged to participate as part of the process (Waldram, 2008a). These coerced re-emplacements and confabulations ultimately modified how offenders communicated their sense of moral selfhood to the world by eliminating instances of rationalization, denial, and minimization from their life stories. The practice of narrating oneself as moral person is common amongst most people, but the motivation to do so is especially strengthened by the stigma of a criminalized identity.

Enhancing one's sense of moral selfhood requires continued engagement in ethical self-formation, a process that "concerns practices, techniques, and discourses of the government of

the self by the self, by means of which individuals seek to know, decipher, and act on themselves” (Dean, 1994, p. 156). Dean described self-formation as an autonomous process that progresses in interaction with political subjectification, and I will add, sociocultural subjectification. Ethical self-formation involves a sustained effort to modify one’s habits, cognitions, affects, and general conduct in the direction of socially approved expectations. Men who have committed sexual offences have deviated from society’s moral standard of accepted manifestations of selfhood. Consequently, ethical self-*re*formation is the main but often unacknowledged objective of moral habilitation in sexual offender treatment programming.

Major disruptions in our lives create opportunities for growth often by dismantling the self-knowledge we previously held to be true (Becker, 1999). As I demonstrate in the forthcoming pages, the psychological, social, and economic consequences of committing a sexual offence often force offenders to reassess their self-knowledge and self-concepts. Damaged selfhoods and identities are much like cognitive dissonance. They present a state of disequilibrium that must be resolved. One means of resolving the fractured state of a dissonant selfhood is to maintain consistency of one’s self-knowledge by denying responsibility and resisting any notion of wrongdoing. In essence, the individual seems to make the decision, however unreflectively, to remain much of the same person as he was prior to the offence. The rationalization, minimization, and denial of one’s offences are common strategies used to protect an offender’s selfhood and reduce cognitive dissonance, but they are among the first targets of moral habilitation in treatment (Mann, Webster, Wakeling, & Marshall, 2007; Marshall et al., 2009b; Waldram, 2012).

Another means of dealing with a dissonant self is to engage in a process of self-reformation. The moral habilitation of sexual offenders during treatment is exacted in large part

through a training regime in ethical decision-making. Offenders are required to deliberate upon various hypothetical situations involving community interactions and the ideal manner of response (Waldram, 2012). Relapse prevention, therefore, involves the recognition and routinized avoidance of high-risk situations and locations. High-risk situations, like being in the presence of a child or alcohol, are taught to be events that require an immediate response, that is, to remove oneself from the situation. Because the avoidance response must be learned, high-risk situations represent instances of moral breakdown where the person must leave a state of unreflective automaticity in order to navigate an ethical demand by intentionally determining the best course of action (Zigon, 2007; 2009). Ethical self-reformation is the intentional reconstructing of moral selfhood to internalize the learned ethical demand response, thus transforming it into the automatic, unreflective response that is embodied morality (Zigon, 2007). Concurrent with ethical self-reformation is a progression of evolving self-appraisals and moral selfhoods.

5.3 Four Discourses of Ethical Self-Reformation

Moral selfhood is revealed in the self-appraisals that we make. Self-appraisals may be thought of as the articulation of one's self-concept, self-esteem, or self-worth, often followed up by narratives to substantiate the person's conclusions. These appraisals are not neutral but rather embedded with valuations of worth or life satisfaction. Our sense of worth will fluctuate over the lifespan as we learn from errors, make achievements, and adapt to the many different social interactions we will have. Life narratives become more complex as we age and commonly exhibit themes of personal growth, particularly as we integrate important life events into our selfhood (McAdams & Olsen, 2010). It is when that personal growth involves the agentic

striving to transform oneself into a more virtuous person that ethical self-reformation comes into play.

SOTPs can stimulate and support the process of ethical self-reformation if the participant is willing. This transformation of moral selfhood was evident in the self-appraisals that men described in this study. Research participants represented a cross-section of time in the community, from 30 days post-release to ten years. During the data analysis, four trends in participants' self-appraisals became apparent. It was clear in their narratives that the men went through various stages of self-appraisal as part of their moral habilitation. These stages were far from being linear, progressive, and discrete. Informants would describe setbacks that reignited a previous self-appraisal even after they thought they had moved on from that part of their life. They also frequently experienced the dissonance of multiple self-appraisals at a time.

The four clusters of self-appraisal are labeled to reflect informants' changing experiences of selfhood: the Abject Self, the Confused Self, the Developing Self, and the Tautological Self. The Abject Self describes the feelings of shame and worthlessness that are typical of convicted sexual offenders. In the Confused Self, participants were seen as trying to work out what kind of person they must have been to violate another in that manner. The Developing Self encapsulates a perspective of continuous growth or self-improvement, or to a lesser degree, having undergone some form of transformation due to conviction and/or treatment. Lastly, the Tautological Self symbolizes one's self-acceptance and desire to avoid essentialized labeling or characterization. Taken together, participants' narrations of their selfhoods from conviction to community (re)integration are indicative of an evolving self-concept that runs parallel to moral habilitation.

5.3.1 *The Abject Self: From Shame to Guilt*

Self-abjection occurs when we commit an action that we perceive as a violation to our principles and selfhood that consequently elicits a feeling of Otherness to oneself (Miller, 1997). Along with the sense of having acted in a contrary manner to our sense of self, self-abjection often involves self-directed feelings of disappointment, disgust, derogation, and regret from having made the repellent violation. The Abject Self describes a self-appraisal characterized by feelings of shame, humiliation, worthlessness, guilt, remorse, and self-disappointment. Observed in nearly all interviews, the Abject Self may be seen as the first stage in a broad and general trajectory from offence to moral habilitation. Most participants identified some measure of experiencing shame and worthlessness that were replaced, in time, by guilt. For a small number of participants, those emotions eventually gave way to acceptance.

Often confused as the same, shame and guilt are similar but distinct affective responses to having committed a negative act (Niedenthal, Tangney, & Gavanski, 1994; Tagney, 1991; Tangney, Miller, Flicker, & Barlow, 1996). Guilt is an emotional state that one experiences following the performance of a disapproved behaviour but shame involves the negative global assessment of selfhood following engagement in a disapproved act (Tagney, 1991). Shame and guilt differ primarily in how individuals interpret and experience the instigating events (Tangney, Miller, Flicker, & Barlow, 1996), a finding that suggests that feelings of shame might be transformed into feelings of guilt as the individual re-interprets the cause of the incident to be “bad behaviour” instead of being a “bad person”; however, research has so far been silent on this point.

Even though shame and guilt are phenomenologically distinct emotional experiences, they can be instigated by similar situations because proneness to guilt or shame is thought to be

partly an attributional style that composes a portion of one's personality (Tangney & Dearing, 2002). A clear way to differentiate between shame and guilt is to look at the attribution the subject makes for his wrong action. Shame is expressed through phrases like, "This wouldn't have happened if I wasn't such a bad person," and the guilt-laden person would be more likely to say, "If only I hadn't done that" (Niedenthal, Tangney, & Gavanski, 1994). Another means of differentiating shame and guilt is to look at the emotion being described. Words such as humiliated, depressed, ashamed, and deprecated are more indicative of shame, whereas guilt can be identified by feeling reproached, blameworthy, remorseful, repentant, and conscience-stricken (Hoblitzelle, 1988).

The psychological outcomes of shame and guilt are said to differ as well. Guilt may be an uncomfortable experience but it does not undermine a person's daily functioning; shame can be a debilitating state since it is accompanied by feelings of worthlessness, low self-esteem, and the tendency to withdraw from social interactions (Tangney, 1991, p. 599). As a personality trait, proneness to shame is considered a maladaptive response style that undermines agentic capacity to interact and cope more effectively (Niedenthal, Tangney, & Gavanski, 1994). Shame makes it difficult for sexual offenders to show empathy for their victims and make reparations since they can become too absorbed in their own negative affect to concern themselves with others (Marshall, Marshall, Serran, & O'Brien, 2009ab).

Self-image and self-esteem are the first casualties of shame. Even for sexual offenders who might have started out with a good measure of self-esteem, once they undergo the court procedures, conviction, and imprisonment, there is usually little of their original self-esteem left. The justice system is the main culprit for this degradation because the entire process from arrest to imprisonment focuses entirely on the individual's sexual offence, frequently pathologizing

him as deviant, while omitting any or all references to the positive aspects of his personhood (Marshall et al., 2009). Out of all the various effects of stigma on selfhood, shame was especially salient in men's narratives suggesting that it was a powerful presence in their lives. These emotions were frequently linked to negative public perception and the sexual offender label.

Kevin spelled it out quite clearly:

Something I really have to battle and I'm sure every offender in some way really struggles with [is] self-image. Self-image is such a difficult thing to deal with because you can't help but look at yourself as you think other people look at you.

Depression is a pervasive problem for sexual offenders. Like other men, Jason's depression went hand in hand with social withdrawal and shame over his life situation. Telling me about a time just before he started "to break out of [his] depression," Jason said:

I just completely closed myself off from other people, *completely*. It got to the point where... mom called me. We used to talk *every* week. She calls [and] says, "Jason, I haven't talked to you in two months. What's going on?" But I was working nights, which really helped me avoid people. That was my whole motto: I hate people. It became my *mantra* because it just seemed like *everywhere* I turned, I was having such a hard time.

"With people?" I asked. "Yeah," he clarified. "And that's probably what happened in... the jobs I was getting. It was just crappy jobs [and] there was a few... where I was actually *embarrassed* to be working." Listening to Jason, I could see that his shame bled into all aspects of his life, tainting his self-esteem, and made his moral habilitation into the successful person he was at the time of his interview all that much more something to celebrate. "I was cashier at a convenience store... and a friend of mine from the church came... in with his friends and, God, when he left I was *so* embarrassed I started crying." Wondering why this meeting had such a forceful impact, I asked Jason why he was so embarrassed. In response he offered, "I think [it was] just [that] my life could be more than this." Even though he describes it as embarrassment, the intensity and painfulness of the experience is more indicative of shame (Tangney, Miller, Flicker, & Barlow,

1996).

Stigma can be experienced as a bodily sensation (Yang, Kleinman, Link, Phelan, Lee, & Good, 2007), suggesting that stigma-induced shame may be similarly felt. I asked Carl if the negative public discourses about sexual offenders made him feel different about his self. Expecting a more typical response like those that identify self-esteem or self-worth, I was taken aback by Carl's answer. "[They] make me feel dirty, [that] I don't fit in." "Feeling dirty" is typically thought of as a metaphor but it can also imply an embodied reaction that imbues an anxiety-laced sensation of residue or taint upon oneself. Feeling as if he does not fit in aptly describes the experience of abjection. His invisible stigma allows him to pass as an included member of society until his status as a sexual offender becomes known. Carl had been repeatedly cast out by friends and employers, which contributed to a sense of learned helplessness. He had given up trying to find work and meaningful friendships. "What's the use sometimes," he wondered. "When you go into a job situation and you get turned down, it snowballs right back in your face again."

Shame, guilt, and empathy are all moral emotions although shame is the least productive of the three. Shame can impinge moral habilitation by blocking the ability to feel empathy toward one's victim (Marshall, Marshall, & Serran, 2009; Marshall, Marshall, Serran, & O'Brien, 2009). The offender may cognitively prevent himself from recognizing the harm he caused his victim in order to protect himself from the negative feelings that accompany shame. Or, he may become so wrought in his own negative affect that he is too self-focused to be capable of empathy. Treatment programs address shame and the subsequent empathy deficits by working to improve participants' sense of self-worth and ability to cope with stressful circumstances (Marshall, Marshall, & Serran, 2009). To this end, the primary strategy used in

treatment is to emphasize the individual's positive attributes while reassuring him that his offence was just one aspect of his past behaviours (Marshall, Marshall, Serran, et al., 2009; Waldram, 2012). This strategy comes not only from the treatment staff but also becomes part of the group process. Kevin explained:

The important thing about group [treatment] is it lets you step outside yourself and view yourself as other people see [you]. Your self-image can be so negative, to have the other guys say, "Well hang on a second, Kevin. I see you in the kitchen making eggs for so and so. That's not somebody who's a monster. That's not somebody who's evil." You go, "Oh gee thanks. I appreciate that. You're right." Those kind of things are extremely helpful.

The goal of this strategy is to transition the offender away from the shame of believing his offence was a function of being an incorrigibly bad person and into a new understanding of his offence as a transitory state in his life that is possible to overcome (Waldram, 2009). In other words, SOTPs encourage men to accept that they are good people who made bad mistakes that do not have to be repeated. Ethical self-reformation would be an impossible task if sexual offenders were convinced of their inability to be anything else.

This cognitive strategy of differentiating between behaviour and selfhood is readily adopted and adhered to by treatment participants. Tanner described his experience of treatment having a positive effect upon his self-image. He said, "[The label] doesn't bug me as much [now], but in the past it did. I didn't like looking at myself in the mirror because that label always stuck. Especially going through court." "How did that change?" I asked. "Going through treatment, I realize[d] what I was doing was wrong, but I'm not a monster. I'm just a guy that has problems." Tanner's experience is a demonstration of the transition from shame into a guilt-based response concomitant with enhanced self-esteem. Offenders who have overcome their shame, ostensibly through (re)acquiring an adequate level of self-esteem in treatment, are now capable of moving forward to feel empathy for their victims and to make reparations such as

engaging more fully in the treatment process (Marshall, Marshall, Serran, et al., 2009).

While shame and guilt have been identified as two phenomenologically different emotions, there is much less said about the nature of their relationship with one another. The forensic literature in particular does not at all address the developmental processes of these two emotions. Shame is treated as an obstacle to empathy and guilt a facilitator in a manner that suggests a linear process of emotional transformation (i.e. Hanson, 2003; Marshall, Marshall, & Serran, 2009; Marshall, Marshall, Serran, et al., 2009). Shame is an affective response that must be diminished to make room for empathy. A number of questions are left unanswered regarding the relation between shame, guilt, and ethical self-reformation. Can shame and guilt be experienced concurrently? Given Tanner's experience above, guilt does appear to replace shame; but what is the nature of this process? The serial nature of Marshall et al.'s model (Marshall, Marshall, & Serran, 2009; Marshall, Marshall, Serran, et al., 2009) suggests that shame precludes empathy, but it is valuable to ask if empathy and shame can coexist. What sort of dynamic would their coexistence present?

A theory of shame and guilt needs to account for the experience of cognitive-moral dissonance, which can confuse the shame-guilt distinction. Even though they are different moral emotions, shame and guilt overlap to a large degree making it difficult to discern one from the other. The affective component of shame can be manifested as a quick "wince reaction" rather than a clear emotion resulting in the appearance of "by-passing" the shame experience directly into one of guilt (Lewis, 1971, p. 233). Lewis illustrated that feelings of shame are not always on the fore of one's consciousness so that guilt over not living up to one's own standards of behaviour may actually be the manifested emotion. Where shame is more of an affective state developed in relationship to the disapproval of one's whole self, guilt is a self-initiated and

focused, ideational experience (Lewis, 1971). Guilt and shame can alternate as the subject re-evaluates his or her thoughts and feelings. The two can also become “fused” together in situations where guilt is particularly acute (p. 267). Combining Lewis’s phenomenology of guilt and shame with the present narratives strongly suggests that there is a temporal element involved where the strengthening of ego and self-concept over time lessens shame and replaces it with guilt.

Chris’s sense of shame had deepened by taking the Victim Harm module of treatment and learning about the full impact his actions might have had on his victim. Following Marshall, Marshall, Serin et al. (2009), Chris should have either become overwhelmed and self-focused in his own shameful distress, or he was actually feeling guilt. What he describes experiencing though, seems more complicated:

I took that victim harm part in the program and ever since that I get nightmares. If I wasn’t as strong and [didn’t have] the support around me, I’d almost pretty much kill myself. Mind you, it [wouldn’t] do much good to do that.... [My actions] destroyed her life. I don’t think that there’s enough bad words that I know that I could say about myself for how I feel about what I’ve done to her, and to her family... her friends, and their community.

Clearly, Chris has learned through treatment how to sympathize with his victim and may be learning to empathize as well. Some of his language such as, “[wouldn’t] do much good,” suggests guilt in that he is thinking about reparations. But other references like “enough bad words” and “piece of shit” below reveal the close relationship between the shame and abjection he is still feeling along with his self-stigmatizing identification with the label:

There’ll be a bunch of women around... and I’ll walk by and I’ll say [to myself], “I’m a free man but they don’t know I’m a sex offender.” I’m not ever going to do nothing to them but some other guy might. It hurts. Not like I’m *ever* going to do anything *ever* again.... I just say, “I’m just a piece of shit.” That’s how I feel. And really I’m just a horrible person because of what I’ve done.... I have not forgiven myself for what I have done.

Chris's sense of guilt and remorse are confirmed in this section. His shame coexists with guilt for he fully regrets his actions but cannot yet keep himself from feeling like a "horrible person." His experience exemplifies the *Object Self*. Kevin, who had no knowledge of Chris, used almost identical language. In reaction to being routinely ostracized from family events that included his niece and nephew, he said, "I found myself really depressed and really getting into the whole self-hate. 'Why did I do this? Why am I such a shit?' I'm a horrible person and if I hadn't done this, [my ostracism] wouldn't have happened." In light of these findings, the common acceptance that shame inhibits one's ability to empathize with others needs to be attenuated while further investigation regarding the intensity of shame and its impact is warranted.

One explanation for the coexistence of shame and guilt may involve the separation of the cognitive and affective components of shame. Shame is clearly identified as an affective state even though it includes cognitive and behavioural aspects (Tangney, 1991). Treatment, typically designed with a cognitive-behavioural paradigm in mind, works to get offenders to identify their thoughts and emotions so that they can understand how their internal states affect their behaviours (Schaffer et al., 2010; Witt et al., 2008). Treatment uses cognitive strategies like the separation of behaviour from selfhood to modify offenders' cognitive patterns so that they can accept responsibility for their offences, engage in treatment, and eventually regulate their thoughts, emotions, and behaviour. As Kevin articulates his struggle, the cognitive aspect is the most malleable and responsive to treatment, whereas the emotional part of the self takes a much longer time to adapt to new patterns of being. Explaining his overall impression on his community (re)integration experience, Kevin had the following to say:

The negative stuff I think is more centered around my own issues. Healing myself, forgiving myself. There's a long way to go there and I think a lot of the stuff that I feel as far as anxiety is self-inflicted. I understand up here in my mind where I need to go and it's just getting the rest of me there. Conceptually, cognitively, I understand... it's the

emotional part of me and the baggage that I've collected over the years that I still have to [work on].

On a cognitive level, Kevin knows what he needs to do to get his life back on track and he can tell himself that he deserves to find happiness and feel good about himself but the road to implementing change and believing he is a good person despite his actions is much longer. The separation of cognitive and affective components is also a characteristic of stigma (Major & O'Brien, 2005).

The treatment strategy of separating one's behaviour from the person effectively splits shame into its affective and cognitive components. The feeling of "I am a despised person" remains while the cognitive appraisal is gradually shifted away from that belief into one that at first thinks, "not all of me is bad" to the common statement among participants that, "I'm a good person who did a bad thing." The feeling of shame may subside somewhat but its expected resurgence is now managed by the cognitive reinforcement that a bad act does not equate with a bad person.

Chris's tendency to self-stigmatize meant for him that any time he heard of a sexual assault on the news or even entertainment media, he would be reminded of his Abject Self. "It's always in the back of my mind," he told me. "And the thing is, I can't get rid of it. *Sure* I'll forget about it for a while and get distracted, but it comes back. Not the actual event but the fact of who I am." So while Chris could not completely stop the emotional and cognitive fallout from his actions, he implements a strategy he learned in treatment that has trained him to begin thinking differently about himself in hopes that someday his emotions might follow. Continuing his narrative, he explained, "But then I remind myself that I'm *not* that person anymore. I'm a changed person. That was me *back then*. I *made* a mistake. I *wasn't* well. I'm a much better person now." This quotation may sound familiar because it also exemplified an impression

management strategy previously identified as “I’ve changed, I’m Better” in Chapter 4. Returning to that claim serves to show how men would blend cognitive strategies learned in treatment with other shared discourses, all in attempts to protect or rebuild their damaged selfhoods.

Recognizing that cognitive changes to the self are easier to follow through on than the emotional changes provides a way to understand how shame can slowly be replaced by guilt. The intensity of stigma experienced by sexual offenders means that these changes are most likely to take place over a protracted period of time, at least for those men who have not numbed themselves to their emotions, leaving them incapable of empathy. Experiencing reminders of their offences is common and leads to the resurfacing of the Abject Self. Kevin recognized the complexity and confusion of affect and cognition, shame and guilt that complicated his self-image and identity long after his offence:

There’s constant reminders. I’ll be sitting in a restaurant and see a dad with his son and I’ll flash back to my time with my victim. Instantly there’s this regret. Why couldn’t I have been a better father? I *loved* him, how could I hurt him that way? So then I have to balance that [and] say, “The *whole* relationship wasn’t about offending. There were *many, many, many* other aspects to that relationship.

As the various reminders and feelings of stigma diminished over time, so too would feelings of shame it seemed.

The Abject Self represents the combination of shame and guilt that can inhibit or stimulate ethical self-reformation, depending on the individual. Stigmatizing public responses exacerbate and protract the experience of the Abject Self. This research demonstrates that even after completion of a sexual offender treatment program, shame, guilt, and empathy overlap one another in a messy, shifting dynamic. If the experiences of some participants are any indication, the Abject Self will likely resurface less and less over time to eventually become just another life chapter from the past.

5.3.2 The Confused Self: Trying to Find the Answer

In Western society at least, we all experience some form of drive to understand who we are as a person. Times of crisis, trauma, and disruption open opportunities to acquire more self-knowledge if we assert the agency to take advantage of the situation. The Confused Self represents who we are in that period of disruption as we strive to understand our motivations, behaviours, and goals. The stigma, shame, and guilt of the Abject Self are typically accompanied by confusion as the offender struggles to reassess who he now is as a person. The Confused Self describes participants' narratives of a confounded selfhood along with their recognition process that self-discovery is a necessary part of further growth. It identifies their attempts to resolve the dissonance of having acted in violation to their senses of self. Cognitive dissonance refers to a state of discomforting tension that an individual might experience when s/he encounters a discrepancy between his or her actions and the person's identity or self-concept (Festinger, 1957; Tavis & Aronson, 2007). For sexual offenders, cognitive dissonance is a moral issue because their offences often contradict the belief that they are, or were, essentially a good person. The Confused Self is a necessary component to ethical self-reformation that involves the critical self-reflection required to come to terms with one's harmful actions and commit to self-improvement.

The psychological impact of becoming a sexual offender appeared to be particularly harsh for the first-time offenders in this research. Their narratives of community responses and social interactions seemed more focused on describing the dramatic shock and disbelief they felt about their convictions than did the repeat offenders in this research. Now labeled as sexual offenders, the men with only single convictions had found themselves in situations that they had never anticipated. Sometimes, participants with multiple offences re-experienced that shock

through occurrences during subsequent prison terms and treatment. Shane aptly identifies how going to prison resituated his self-concept:

Getting beat up in prison by someone... who's a crap criminal just like everyone else in there, just because of what my offence happened to have been, that's a pretty crappy moment when you realize that you're so low down that even the bottom feeders think that you're a bottom feeder. It sort of gives you a whole different impression of who you might be.

When I asked Shane who he was as a person, it made sense that there was uncertainty in his response. "I don't know," he said. "Honestly, I like to think of everyone as being in the same boat.... We're all just broken people trying to fix what's broken and find what'll make us whole." Shane explained that he did not have a strong identity tied to a familial role or a career and when he finally did describe how he views himself, his answer gave the impression of being embedded with his ongoing struggle with mental health: "I kind of see myself as just someone who's trying to find the answer.... You know, trying to find a reason to get up in the morning that I can care about."

Cognitive dissonance theory explains how people use various cognitive strategies such as self-justification, distortion, and denial in order to preserve one's sense that s/he consistently acts in ways that are competent and respectable (Aronson, 1992; Festinger, 1957). Conviction, imprisonment, treatment, and the stigma of being identified as a sexual offender all disrupt those cognitive mechanisms that stabilize and reinforce an offender's sense of self, however precarious it might be. Kevin described how he, "Always had a fairly good opinion about myself, [a] fairly good self-image." Part of his struggle was the feeling that he had disappointed so many people that he cared about. Since his conviction, he had difficulty reconciling the kind of person he thought himself to be and the person who hurt someone he cared for. He no longer had the same self-image that he did prior to getting caught for his offence: "It's a bit more like a Picasso now.

There's pieces everywhere and some make sense and some don't." It was not that he was completely at ease with his offending behaviours prior to his arrest; rather, the doubts and negative affect of his dissonant self were being managed by cognitive, self-defensive strategies, what forensic treatment labels "cognitive distortions." Now that he had been convicted and publicly denounced, his only recourse was to rely upon impression management techniques.

The Confused Self can affect multiple facets of one's life. Regan's sense of mastery and his identity as a respected businessman had disintegrated with his offence. "I seemed to help a lot of people," he described of his past. "But now I feel that I'm not even in any position to be of help.... Look what I've done." Regan's confidence in himself had obviously been shaken: "I guess basically what I'm saying is... I thought I was a person that *could* help [others]... but yet I couldn't even... help myself." I pointed out to Regan that there seemed to be a contradiction in how he viewed himself now. "Yeah, exactly. I always thought I was a leader.... I did some incredible stuff and yet here I sit." Regan hoped to recover his life along with his status in the community as a respected entrepreneur but the thought of having to start his life all over again in his mid 60s had disabled his motivation to do so. Uncertainty and self-doubt of one's identity, selfhood, and future direction were common emotions experienced by the Confused Self.

Stigmatizing discourses disseminate pervasive messages that are difficult to resist, even for otherwise confident and critically thinking men. Even Shane, who pretty much challenged everything about culture and society, had difficulty with mainstream discourses about his selfhood. I asked Shane if the sexual offender label changed the way he thought about himself and despite just vociferously arguing against the validity of the label, he conceded, "Well *sure*. It's hard to go against the majority." Shane spelled out how self-doubt took hold in his mind. "If they're all choosing to categorize you that way, maybe there's a reason? Then you get thinking,

‘Well, *why* would they all choose to categorize me this way? Maybe *I should* categorize myself this way?’” He attributed his loss of confidence to getting stuck into the “mob thinking” that is perpetuated by majority society.

The undercurrent to the Confused Self involves morality, ethical self-reformation, and essentially how informants defined what it means to be a good person. Kevin’s quotation from the previous section where he wondered about being a better father, “I *loved* him; how could I hurt him that way,” exemplified not only the transformation from shame to guilt but also the cognitive dissonance he experienced as his identity as a stepfather fell apart. There is a moral element to cognitive dissonance in that people are motivated to maintain the belief that they are a good person (Aronson, 1992); but the present research indicates that another, more specific form of dissonance is at work. While the majority of research participants indicated that they considered themselves to be a “good person,” by accepting responsibility for their crimes they were confronted with evidence that they were assuredly not the kind of good person they had originally thought themselves to be. Where dissonance theory identifies cognitive strategies such as denial or minimization to deal with cognitive dissonance, participants had learned in treatment that these strategies are cognitive distortions and instead relied upon impression management techniques to moderate others’ reactions. Consequently, men experienced a conscious moral dissonance that, while similar to ethical demand (Zigon, 2007), is focused primarily on one’s sense of moral selfhood, not ethical decision making. Questions about their moral worth as human beings were commonly raised by research participants, sometimes just as subtle statements about self-worth or expressions of feeling like a “horrible person,” and other times through narratives of confusion or disbelief for how the individual could do such a thing.

Narratives of confused selfhood bore subtle moral implications for most informants. Many men expressed some form of essentialized moral selfhood through claims of having always been caring or some other marker of inherent goodness. In these situations, participants typically explained their offences as acts that were aberrations or out of character for them, a common narrative strategy (Presser, 2004). Other men claimed moral selfhood by separating their past, offending selves from their present, habilitated selves. In contrast to these essentialized versions of moral personhood to which most men adhered, Shane indicated a more nuanced take on morality that vividly rendered the moral, cognitive, and emotional disarray that characterizes the Confused Self. Shane's narrative was prefaced by his perception of what it means to be a good person: "I don't think anyone's capable of being good 'cause everyone is going to do something wrong and I don't think it's possible for everyone to be bad because everyone has got some goodness in them." I forewarned Shane that that my next question was going to contradict what he had just told me. "Do you see yourself as a good person," I asked? Shane responded, "I can't really answer that question because *ironically*, most of the time I don't... I'm still sort of looking at [myself] with the societal filter." He then followed up with his narrative of struggling to come to terms with his own sense of ethics, morality, and selfhood:

I *know* logically that no one's really good and no one's really bad, but it's *hard*.... Back when I was still trying to sort all this out, I would be sitting in church and I'd be singing a song... and also sort of watching the six year old girl in the pew in front of me do whatever she's doing with her dress. I'd see that and I'd put the two together in my head. I'd think, "Well, God's gotta like worship but I'm sure he can't like this other thing." Do they invalidate each other? Does one make him really disappointed and the other one sort of absolve me? Then you start thinking, "Well maybe none of it's worth anything, 'cause it's all tainted...." Maybe I'm just too broken. Maybe the vase is not just shattered but ground into dust and you just can't glue it back together.

In this first half, Shane's narrative reveals how the Abject Self is entwined with the Confused Self. Shane was trying to make sense of his moral selfhood to determine the criteria for being

considered a good or a bad person, and into which of the two categories he fell. His Abject Self tainted his entire being, at times overriding his attempts to feel hope and confidence for the future. His confusion becomes even more apparent in the second half of his narrative:

It's *easy* to get into that mentality and it's safe because you remember it from all the other times you felt like crap. But it doesn't make it real either. It just makes it harder the next time to believe in yourself and when no one else is believing in you... then their actions are half justified. Like I sit down in the pew and the guy picks up his daughter and moves her over to the other side of me. Part of me resents that you did that cause if you left her there, it might have give me hope, but part of me thinks that maybe you should have done that 'cause maybe I would have looked at her funny or something.... And then your brain goes like fifteen directions at once and you don't know who you are anymore. So I don't know. Am I the guy who was looking at her or am I the guy who's singing the worship song? They're two different people, kind of, 'cause they're two different ideologies and they're about as separate from each other as humanly possible. So to be both... what does that mean? I'm not acting on anything inappropriate. So does that mean that I'm really a good person 'cause despite that attraction, I'm putting *more* effort into *not* being that. Does your choice and effort make you who you are, or is who you are inherit[ed]? Because I see that girl and I'm attracted, does that make me a bad person? Or am I a good person because I *choose* to live otherwise despite that?

The narrative self is composed of multiple stories that represent different facets of the individual so he or she is not defined by a single story. At times, Shane seemed to ascribe to the characteristics of narrative selfhood, but yet struggled considering the powerful impression enforced in public and institutional discourses. Shane spoke of irony that identified the contradiction between his logic-based cognitions and beliefs, and his emotionally driven thoughts about himself. He was experiencing a state where two parts of him were diametrically opposed and there were no easy answers for how he could resolve this fractured sense of selfhood. Shane identified the power of the Abject Self while denying its ontological facticity: "it doesn't make it real either." Despite intellectually disputing the Abject Self, his efforts to be a good person felt thwarted when he was treated as the person he does not want to be. His will and confidence to work on his ethical self-reformation was set back as he confusedly vacillated between essentialized categories of good and bad. Yet at other times, Shane did adopt the

language of narrative selfhood where who he was fluidly changed from situation to situation, and he refused to be defined by his offences. The Confused Self ultimately is a hall of mirrors where self-representations shift, become distorted, and distract the subject from finding a suitable pathway out of his moral-cognitive dissonance. It is a space of flux where notions of morality and selfhood are challenged until resolution is found.

5.3.3 The Developing Self: Working on a Better Person

The Developing Self identifies participants' sense of their current selfhood as just one phase in their ongoing growth and self-improvement. The perspective of a Developing Self emerges through one's resolution of his Confused Self as he begins to view his problems as opportunities for growth. Typically, this selfhood was expressed in relation to men's goals and their desired future selves meaning that the Developing Self is largely defined by the temporal aspects of self that compare the current "me" to the old and future possible versions of "me" (McConnell, 2011). Furthermore, the Developing Self often encompassed a commitment to working on the self (Zigon, 2011). The Developing Self was unique from the Abjected and Confused Selves for while the latter were observed in the narratives of nearly all participants, only the more agentic men described their selfhoods in terms of the former.

The chronology of these first three selves was evident in Jason's narration of his present self. Jason described his Abjected and Confused Selves from his past to situate his present, Developing Self. He explained, "I always thought that I was happy until I went through the jail system and discovered who I was up to then. [I] realized that it was just a happy face covering a whole bunch of crap." Jason continued by defining his present self through his intention to obtain the goals that he had for his desired future self. "I've just been working towards a place where I can just feel good about myself and just be like everybody else," he stated. Being like everybody

else for him meant to, “Feel good about their job, feel good about their life, feel good about work, and everything else.” Jason’s goal was to have what Zigon (2011) identified as a “normal life” where the desired ideal is to live between the extremes of poverty and wealth while maintaining a life of responsibility and law abidance. Accordingly, Zigon defined normal persons as responsabilized subjects who are self-regulating and adhere to a moral code by limiting certain behaviours, emotions, thoughts, and relations. The Developing Self is the acquired subjectivity of being a responsabilized subject.

This subjectivity has two defining qualities. First, the Developing Self is a self-concept that is based upon progressive, ongoing growth, and is enabled by habitual self-reformation. Participants who exhibited this pattern held forward-looking orientations combined with images regarding the kind of person they would like to become. Kevin, for example, explained that, “I’ve *only* been in treatment for a few years. This is going to be a life long project.... I’m not building a house that’s going to be finished one day.” Chris viewed himself as being in “a state of change” where, “I’m really trying to work on who I am and... a lot of the problems that I’ve had in the past.” Chris, Kevin, and other men spoke of “working on the self” in a manner that suggests that they are a “self in progress” with an evolving personhood, thus exemplifying the changing nature of selfhood. “Working on the self” is a labour of one’s will to “enact an internal transformation of the self so as to allow for the fulfillment of certain socially and morally expected behaviours” (Zigon, 2011, p. 110). SOTPs can elicit a new self-awareness and subjectivity in willing participants that creates the foundation for moral habilitation via working on the self.

The second quality of the Developing Self is that it is directed by moral valuations of worth that inform one’s transformation. When Chris spoke of working on his self, he elaborated

upon what that meant for him: “I’m working for a better person, more well rounded and happy, and more satisfied [but] not in the unhealthy way. You know, not in the temporary satisfaction way.” Chris’s words echoed Taylor’s (1985) articulation of agency that places higher moral value on the decision to pursue long-term contentment over immediate, but potentially counterproductive, satisfaction. In Chris’s example, it was more virtuous to deny or delay one’s immediate gratification in order to achieve the more valuable goals of a responsabilized subject. The moral influence of Mel’s ethical self-reformation was explicit. Mel was a Caucasian man on parole after having served the institutional portion of a life sentence. Although he had never been convicted of a sexual offence, he took a SOTP because he saw it as beneficial to some of his previous life patterns. When I asked him about the kind of person he would like to be in the future, he quickly replied, “I’d like to be more like Jesus.” I followed up on his reasoning. “Well that’s part of my spiritual thing,” Mel responded. “To be more like him. To be more loving, more caring, not... caught up in this materialistic, squash everybody, and walk over people for the buck” kind of society. “How is that different from the kind of the person you are now,” I asked? “Well it’s a growing process, growing and learning each day,” Mel replied. He went on to describe how his favourite author of self-help books prescribed learning, loving, and laughing for a fulfilled life.

Instead of explicitly adopting an attitude of life-long work on the self, quite a few participants took the perspective of having undergone a transformation from an old to a new self, as if they had made all of the changes they felt necessary to their lives. They directly linked beneficial changes within their selves to their prison or treatment experiences and frequently narrated their development in the language of an old and new self. Their desired future selves were limited to achieving the markers of a normal life. For example, Mathieu viewed himself as

“more social, more positive, [and] not as materialistic as before.” The social interactions of his old self were all computer-based and took place in the virtual world with a fictional online identity. “It was fake stuff,” he said. Mathieu’s transformation now included regular in-person social activities with friends from his support group. He claimed, “I prefer [real] life.... It’s more fun being me now than I used to be.” When it came to their desired future selves, many of these men expressed contentment with who they were in the present, rather than seeing their selves as Shane put it, “a little version” of his future self.

Consequently, there are two variations of the Developing Self. The first takes a more future-oriented perspective on one’s ongoing, continuous growth throughout his or her life. The second variation is more present-oriented and views the self as having achieved the level of self-reformation desired by the subject. The difference between these perspectives may be attributed to two factors. Three men who expressed selfhoods of ongoing moral striving – Chris, Shane, and Mel – identified fairly strongly with Christianity. As for Kevin, he problematized his personhood as having a “deviant sexuality” to which he referred several times and expected to be a lifelong problem. These very different influences seemed to make the notion of ongoing self-work highly salient.

The Developing Self also identified small but significant changes for some participants. Todd and Dennis, both of whom had intellectual disabilities, experienced improvements to their self-esteem following completion of their most recent treatment programs. Both men had long histories of sexual offending and had attended treatment programs more than once. Todd’s sense of self-esteem came from meeting people who appreciated his company, which substantiates the value of positive human contact for theories of a relational self (Andersen & Chen, 2002; Tice & Baumeister, 2001). “Nobody has ever liked me that much,” Todd admitted. During and after his

treatment, “all these people [were] telling me what a good guy I am and I’m thinking to myself, ‘They can’t all be wrong or lying.’ So yeah, I see myself totally different from before I went to treatment.” Having someone compliment him “was totally new” for Todd. Both he and Dennis experienced improved self-concepts by developing the sense of mastery and pride in learning to self-regulate their thoughts and behaviours to avoid high-risk situations. “For [a] long time I always thought... I was no good for nothing,” Dennis said. He had difficulty articulating how he felt differently about himself and was only able to allude that he was more empowered to avoid problematic situations.

Not all development is progressive and the changes wrought through moral habilitation become highlighted when the Developing Self is contrasted with more regressive goal patterns. A small minority of participants desired to reclaim what they had lost with their sexual offence, which in itself is understandable when it comes to financial security, the respect of others, and self-esteem. However, Carl claimed that his past, present, and desired future self were all the same. “I really haven’t changed. I still help people, I [am] still very kind hearted, [and] willing to listen.... The only thing I have changed is to not be around kids as much anymore.... I’d still like to be a father again. That’s one thing I miss [and] if I do get remarried, I’d like to have one more kid.” Carl ascribed to an essentialized view of a core, stable, inner selfhood that problematized his ability to adapt to change. While some men have a progressive selfhood and talk about change and growth, Carl’s selfhood can be described as regressive in his desire to return to his previous state, largely I suspected because the role of “good father” is one of the few sources of self-esteem and identity that sustained him. His loss of this role explained why his desired future self was regressive and emulated what for him was a romanticized version of this previously

“happy” time in his life. Carl’s regression combined with his trouble with moving on demonstrated the importance of having multiple positive identities.

5.3.4 The Tautological Self: I Am Who I Am

The influence of Western individualism can be witnessed in how we choose to define ourselves. The most common means of self-definition we use involves individual characteristics such as our behaviour in certain situations, relationships and social roles, personal qualities, and goals for the future (McConnell, 2011). When asked to define themselves, people choose self-categorizations and identities that are salient to them (Hogg, 2003). Where most participants chose to identify themselves through such individual characteristics, over one third of them were reluctant to define their selves in specific terms. The Tautological Self refers to a state of self-acceptance where participants avoided the essentializing of selfhood by declining to characterize themselves in any one particular way.

The Tautological Self was expressed primarily through two phrases: “I am who I am” and “I’m me.” Interviewing Jason, I asked, “Who are you?” “I’m me,” he quickly replied. “I hate that question. I really do because what do you want to hear? There’s so many different things and I’ve been asked that in job interviews and stuff. I *hate* that question,” he laughed. “I am who I am. I used to come up with things to say to that but I don’t know if I’m just getting into my old age or what, but, I am who I am.” Similarly, Todd had just finished telling me how being labeled as a sexual offender had influenced his behaviour and interactions with other people. Asking if it made him feel different about himself, he responded, “Nope. The way I see it, I am who I am.” Todd’s situation was different given his intellectual disability. His disability combined with the onset of sexual offending behaviour at the age of 13 possibly culminated in the normalization of stigma in his life. The stigma of his adult offences did not change his self-concept nearly as

much as his experiences of having other people compliment him in treatment. He fully accepted his selfhood, deviance and all. Todd's biggest motivator of his behaviour was maintaining the respect of others. The main implication is that the Tautological Self cannot always be seen as some endpoint of psychological growth, especially without taking into consideration the global factors contributing to one's personhood.

Mel's portrayal of the Tautological Self was somewhat unique but reveals more in the way of its meaning. In response to my query about who he was, Mel parried, "I'm that little green man with a spaceship." Quickly laughing that he was just kidding, he followed with a more serious response. "Who are you," Mel repeats. "I am who *God* made me." At my prompting, he went on to describe the personal characteristics through which he viewed his life, but those were less telling than his original reaction. Like the other men who narrated a Tautological Self, he resisted the idea that his selfhood could be defined through a simple description and chose instead to offer an evasive circular response. His first reaction was made in jest but may very well be symbolic of a sense that his life experiences had been so atypical, or alien, that any attempt to pin down his selfhood was farcical for him. Evan provided a similar sentiment regarding his life experiences and the strength he derived from them: "An average [person]... couldn't compete with you because of all you've been through.... They couldn't comprehend it because there's just too much."

Mel's second faith-based response also signified an evasion but moreover, it indicated a self-acceptance and fortitude that was less apparent in other men's responses. When I asked how his self-concept was different now from the past, he answered, "I see myself as having value and worth and meaning, something that was never there when I was younger." Self-acceptance comes not only from faith but also from pride in success and mastery. Jason had internalized his

treatment and was proud that he had never considered reoffending in the ten years since. For him, the success of overcoming what previously appeared an insurmountable obstacle became a source of confidence and self-esteem.

Another possible reason for sexual offenders to express the Tautological Self may be their desire to step away from a stigmatized history. For some, a significant portion of their lives were spent in prison, as compared to someone else who will spend years in higher education or pursuing a particular occupational pathway. Their lives are more likely to have fewer positive identifiers with which to project a valued social status, especially now that their sexual offences have tainted their other identities. Participants seemed to experience a sort of “fading permanence” regarding their label. With their Abject Selves, men’s offences were an indelible blemish on their identities, but as time went on, their stigma gradually shifted lower on the salience hierarchy until their offences were no longer a major part of their lives (Stryker & Serpe, 1982). The expression “I am who I am” assertively established to others their self-acceptance despite an undesirable history and a devalued identity. Furthermore, the Tautological Self projects an air of confidence that does not rely upon the validation of others.

Social categorization is a person’s way of becoming part of an in-group but identification with that group contributes to depersonalization as the individual conforms to the group norms (Hogg, 2003). The reluctance of some sexual offenders to socially categorize themselves may further be a response to the deindividuation, classification, labeling, and even dehumanization imposed upon them throughout their interactions with the criminal justice system. Refusing to classify themselves in conventional terms is a means of resistance and self-determination that was largely denied to them during incarceration and parole. It may also be a reaction to participants’ subjection to the stigmatizing and essentializing sexual offender label. The

Tautological Self represents an acceptance of one's life trajectory for all its good and bad times, but it goes further to involve more than just self-acceptance. The Tautological Self entails resisting an essentialized, determinant selfhood while embracing the flexibility of one's being. As the subject moves on with his life, the label becomes less and less meaningful while his past experiences are viewed as being just one of several narratives that have formed who he is now.

5.4 Conclusion

Narrative identities are formed when a person “envision[s] his or her entire life – the past reconstructed and the future imagined – as a story that portrays a meaningful sequence of life events to explain how the person has developed into who he or she is now and may develop into who he or she may be in the future” (McAdams & Olsen, 2010, p. 528). Along that sequence, people make appraisals about their present sense of selfhood that are formed in relation to their past selves, desired future self, and the ideal qualities of personhood that are deemed of value within the cultural context. The Abject, Confused, Developing, and Tautological Selves represent the self-appraisals sexual offenders made as they transitioned from dysfunction to improved wellbeing. These different selfhoods would overlap and become more or less salient depending on the individual's current situation. Still, there appeared to be a general trajectory for these selfhoods in that the Abject Self was narrated typically in the retrospective context of incarceration and early-stage community (re)integration, whereas the Tautological Self was derived from declarations of greater self-knowledge in the present and acceptance of events in a more distant past.

The impact of stigma decreased along the same trajectory. Narratives involving self-stigma were most prevalent in the Abject and Confused Selves through feelings of shame, guilt, and cognitive dissonance. The Developing Self can be seen as emerging despite the stigma men

would experience. As for the Tautological Self, stigma was a phenomenon of little consequence. Hence, this research demonstrates that stigma is an instrument of moral regulation. Public shame brings about disciplining activity from other people like expressions of contempt and disgust that can also be shared by the subject (Miller, 1997). The internalization of the shame brought on by stigma is especially observable with the Abject Self and somewhat less so with the Confused Self. Moral regulation entails the deployment of individualizing discourses to subjectivize and influence individuals' ethical self-reformations, often to take responsibility for the harm their behaviour poses (Hier, 2008). Men convicted as sexual offenders are subjectivized by the classifications, labels, and stigmatizing discourses as punishment for their offences. Ethical self-reformation involves making oneself a responsabilized subject and engaging in a regimen of self-work, in this case, the regimen taught in sexual offender treatment programming.

Selfhood is a continually evolving subjectivity that is influenced through relationships, experiences, and self-knowledge, all of which are set within a moral and cultural milieu. The four self-appraisals noted in men treated for sexual offences – the Abject, Confused, Developing, and Tautological Selves – represent various self-aspects that appear to shift in their salience as time passes. Moreover, these self-appraisals can be viewed as subjectivities in one's trajectory of ethical self-reformation. As for stigma, it may be useful as an informal punishment with diminishing effects across the moral habilitation process but only for those individuals who are psychologically willing and ready to make themselves subjects to the rigid state program of treatment.

6.1 Introduction

The sexual violation of another person is a heavily moralized act, and rightly so. Moralization is a process of invoking truth-claims about the virtue, or lack thereof, of a particular action or idea through the rational engagement of “discourse[s], symbols, [and] actors... to generate ways of thinking about oneself and others” (Hier, 2008, p. 181). More active and specifically engaged than moralization, moral regulation describes a targeted campaign against a moralized behaviour or action that is perceived as harmful to individuals or threatening to the moral order of a society (Cricher, 2009; Hunt, 1999, 2003). Moral regulation can take place through formal institutional moral discourses or through the more spurious public discourses and reactionary behaviours instigated against sexual offenders by an unwelcoming community. Treatment programs for sexual offenders operate through moral habilitation, the re-forming of individual subjectivities, typically via technologies of the self, so that they conform to the social and moral expectations of a society. Moral habilitation acts upon an individual’s moral selfhood – that is, one’s sense of being a self-reflecting, principled individual –to activate his or her engagement in ethical self-reformation, which is the concerted deployment of technologies of the self to effect transformation into a better, more pro-social person.

The stigma of the sexual offender label is obvious but this study represents to the best of my knowledge the first experiential documentation of how stigma affects sexual offenders while they are attempting to restart their lives after imprisonment. Furthermore, the moral aspects inherent to sexual offender habilitation have only become the topics of qualitative investigation in recent years (i.e. Waldram, 2009, 2010, 2012). Moral selfhood, and ethical self-formation in

its traditional sense, have both long been subjects of study (Appiah, 2005; Foucault, 1988; Rose, 1996), but these concepts have not been brought together in the realm of sexual offender habilitation and (re)integration until now. I have developed several propositions and conclusions during the course of this research that invite new directions for quantitative and qualitative researchers to follow. In Chapter 3, I introduced research findings that expand the conceptualization of motivation and treatment responsivity. Chapter 4 described the wide-ranging experiences of stigma that can affect sexual offenders and articulated the different forms of moral claims-making and narrative strategies they adopted to resist their stigmatization. In Chapter 5, I identified a general trajectory of an evolving self-concept that runs parallel to the long process of moral habilitation.

The objective of this research was to investigate how men convicted of sexual offences narrated their transformation from dysfunction into a state of improved wellbeing, and by extension into an offence-free lifestyle. Stigma and agency were central theoretical concepts, but moral development was always implied as a foundational element in men's transformations. The ubiquity of participant narratives that made reference to becoming a "better person" underscored the centrality of morality and moral habilitation to this research. Moral habilitation is initiated during sexual offender treatment (Waldram, 2012), but it is also an ongoing process that must be maintained well past the individual's release from prison in order for him to remain offence-free in the community. Stigma bears clear influences upon individual agency and moral habilitation by motivating sexual offenders to engage in ethical self-reformation, even though this seems to be a fine balance since the public notification of one's label and conviction can also be a destabilizing force (Ackerman & Sacks, 2012; Freeman, 2012; Jeglic et al., 2012; Lasher & McGrath, 2012; Zevitz & Farkas, 2000).

There remain several questions to be answered when taking into consideration the multiple sources of stigmatizing and regulating moral discourses to which sexual offenders are subject, and how these forces affect their habilitation. Primarily, how might the cultural, social, and psychological forces be combined to enhance the way in which we understand the moral habilitation of sexual offenders? What is the relation between will or agency and ethical self-reformation? How does stigma relate to ethical self-reformation as compared to moral regulation? Responding to these questions requires a model that will need to bring together the sources, variety, and effects of moral discourses and stigma on individual agency and motivation. Zigon's (2008, 2009) tripartite framework of morality discriminates between institutional moralities, public moral discourses, and embodied moralities, and therefore provides a foundation for modeling the moral habilitation of sexual offenders. Moral regulation theory (Critcher, 2009; Dean, 1994; Hier 2011; Hunt, 1997, 1999) explains the connection between the different forms of morality and the moral habilitation of individuals. Moreover, Zigon's (2007) theory of moral breakdown can explain the psychological elements of ethical self-reformation as sexual offenders are trained to break out of the unreflective behaviour that was their embodied (im)morality into the conscious decision-making that characterizes ethical demand. The next section brings together these questions along with the ideas developed in previous chapters into one overarching theoretical model of moral habilitation in sexual offenders.

6.2 The Moral Habilitation of Sexual Offenders

Moral habilitation is an enterprise that involves the coercive forces of social control and stigmatizing punishment, the persuasive forces of prescribed moral regulation to encourage the seeking of a better life, and the agentic will to make it happen. The "enterprising individual," is a

discourse that exemplifies the assumption that moral selfhood entails the aspiration and pursuit of self-enhancement and personal fulfillment (Rose, 1996). Rose writes:

The self is to be a subjective being, it is to aspire to autonomy, it is to strive for personal fulfillment in its earthly life, it is to interpret its reality and destiny as a matter of individual responsibility, it is to find meaning in existence by shaping its life through acts of choice. (p. 151)

The ideology of enterprising individuals is underwritten by neoliberal influences that over the past several decades have shifted focus even further onto individuals as responsabilized subjects, so that people are constructed as independent, sovereign subjects who are culpable for their life outcomes (Zigon, 2011). The ideology of the sovereign subject, or having free and independent will, is a falsehood that promotes the illusion of independence, and the great insight from cultural psychology is recognition of the substantive degree to which “cultural traditions and social practices regulate, express, and transform the human psyche” (Shweder, 1991, p. 73; Taylor, 2004). As responsabilized subjects, we are expected to be enterprising individuals who exercise our autonomy to engage in self-enhancing practices according to the prescribed and legitimated moralities of society (Rose, 1996). According to Rose, the enterprising self is an active and calculating self, in other words, an agentic self. The illusion of the sovereign subject reinforces neoliberal ideology that minimizes the influence and impact of the social forces that affect the agentic self. For the sexual offender seeking ethical self-reformation, the loss of hope that change is even possible and the sense that no one cares about him are both perpetrated through stigmatizing discourses, social ostracism, and failed attempts to seek a different life path. These cognitive-emotional states strip the agency and self-determination from the enterprising individual.

Enterprising individuals engage in what Zigon (2011) described as “working on the self,” the active process of self-improvement. Moral habilitation is an intensified, directed form of

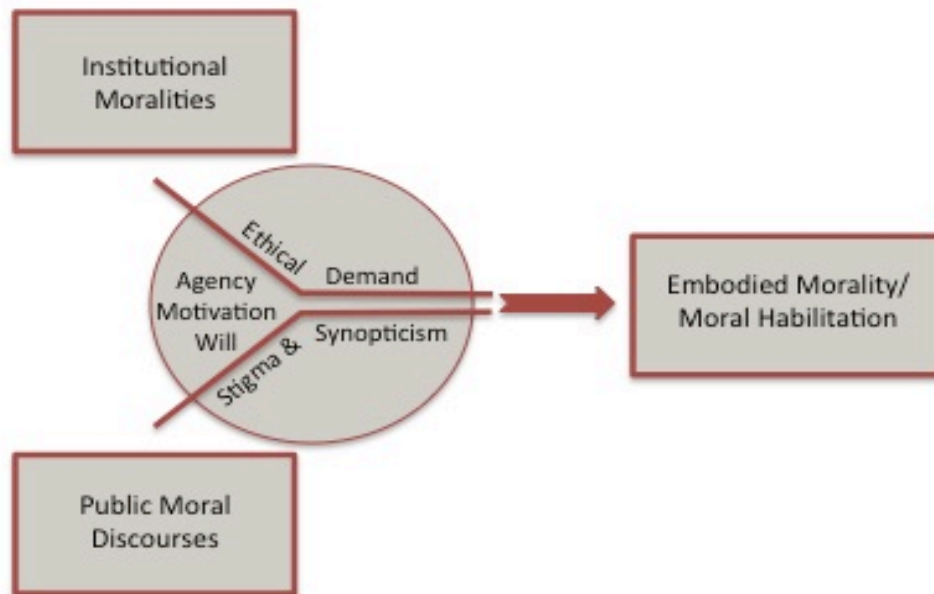
working on the self. It is the remaking of the individual through the instillation and internalization of self-surveillance so that he conforms to an acceptable moral standard. The men that became involved in this research wanted to become responsabilized citizens. They wanted to get better, be respected, and live autonomous, productive lives. Even though not all of them remained offence free after we met, all of them were motivated to make changes so that they could have a “better life.” They may have started off as non-enterprising individuals, but the majority of participants became enterprising ones through the coercive guidance of treatment.

6.2.1 Ethical Self-Reformation

Moral habilitation is in effect the desired goal of SOTPs but it may take many years to achieve the state of embodied morality that is its hallmark. The process of becoming morally habilitated is an exercise in ethical self-reformation. It is “ethical” because the process is a conscious endeavor that exists between the previous unacceptable embodied morality that enabled the sexual offences to occur and the new pro-social embodied morality that is the desired endpoint. Moral habilitation does not occur within a social or cultural vacuum, and so the analysis of SOTPs needs to step out of disciplinary isolation and methodological singularity to consider how broader moral, social, and cultural forces affect the experiential realities of men undergoing this process. Figure 1: The Ethical Self-Reformation Model of Sexual Offender Moral Habilitation displays a theoretical model that provides exactly this sort of framework. This model brings together the observations and findings from the previous three analytical chapters into a cohesive framework grounded upon an anthropological conceptualization of morality (Zigon, 2009).

The Ethical Self-Reformation (ESR) model that I propose introduces the experiential elements of individual agency, motivation, and will to the three dimensions of morality:

Figure 1: The Ethical Self-Reformation Model of Sexual Offender Moral Habilitation



institutional moralities, public moral discourses, and the development of a new embodied morality (Zigon, 2009). Briefly, institutional moralities, such as those promoted through SOTPs, combine with public moral discourses to act upon the individual sexual offender's self-concept and personhood. These two moral forms also have an effect upon the individual's senses and experiences of agency, motivation, and will. Ethical self-reformation takes place in the dynamic interaction of the ethical demand that is driven by treatment, and the stigma and synopticism that emerge from public moral discourses. Moreover, ethical self-reformation describes the informal monitoring and moderating of one's own conduct (Cricher, 2009) that is sometimes referred to collectively as technologies of the self (Foucault, 1978, 1988; Rose, 1996). It is the main activity of enterprising individuals in their quest for self-improvement and their deliberate pursuit of a more virtuous future. Moral habilitation is the eventual internalization and embodiment of the new morality practiced during ethical self-reformation.

6.2.2 Institutional Moralities and Public Moral Discourses

Institutional moralities are propagated through formal organizations that are recognized for the authority they convey in society (Zigon, 2009). These moralities directly legislate, orate, and enforce the dominant normative ethics of society. Most of the institutional moralities affecting sexual offenders are available to all citizens: taboos against sexual relations with children, religious edicts about sexual behaviour and the treatment of others, the principle of free will to give or withhold consent for sexual activities, and the criminal code of law. The criminal justice system represents another institutional morality, as does the specialized, scientific discourse created by forensic psychology. The criminal justice system explicitly defines gradations of morality through the laying of judgment on all offences. The institutional morality of forensic psychology is much more implicit. It defines sexual offenders in terms of pathologies

while actuarial assessments construct individuals as levels of risk or probabilities to reoffend, all of which are practices that in effect place individuals on a continuum from most to least moral. SOTPs are sources of direct moralization for it is their job to instill a new pro-social morality compatible with social expectations. The nature of this induction to a new morality takes the form of governmentality whereby an institutional authority manipulates the individual with morally regulating discourses and practices to form new subjectivities (Dean, 1994; Foucault, 1977; Lacombe, 2008, 2013; Waldram, 2010, 2012).

Where institutional moralities became evident in this research was in the way they were described retrospectively by the men interviewed, and in the way those moralities were enacted in community life. Distancing one's self-worth from his offence(s) to transform shame into guilt was one morally imbued strategy that assisted ethical self-reformation. Self-surveillance of thoughts, emotions, and one's physical environment represented the implementation of institutional moralities. The self-surveillance trained and expected in SOTPs is an institutionalized form of moral breakdown and ethical demand. Ethical self-reformation requires the disintegration of the previous dysfunctional embodied morality so that the automatic thoughts and responses that supported sexual offending behaviours are brought back into conscious awareness. Moral breakdown is this disruption of unthinking, automated embodied morality into a state of conscious reflection (Zigon, 2007) that is accomplished when treatment staff challenge offenders and designate aspects of their being as pathological or distorted. Moral breakdown signals the ethical demand to work through and resolve the dilemma through the most appropriate course of action (Zigon, 2007). Following moral breakdown, the new institutional morality must be consciously practiced by sexual offenders in each situation that poses an ethical

demand until it becomes internalized into the automaticity of embodied morality that is moral habilitation.

Although institutional moralities and public moral discourses are separate entities, they exist in dynamic interaction so that at times the two can be reinforcing and at other times undermining (Zigon, 2009). Public moral discourses frequently echo institutional moralities along with the myriad of popular beliefs, values, attitudes, and behaviours represented and reinforced by citizens. They come from a wide variety of non-institutional sources, from the organized, such as media, to the idiosyncratic revealed in art forms, literature, and the private sphere of family life (Zigon, 2009). The moral regulation of sexual offenders through institutional and public discourses is made possible through the combination of actors who subscribe, enforce, and reinforce these messages. Discourses have the power to construct a social environment so that it has a regulatory effect on those within it where people monitor their own conduct and the conduct of others (Glasbeek, 2006). In contrast to Foucault's (1975) panoptic gaze where the state monitors multiple subjects at once, the synoptic gaze instilled by sexual offender discourses entails the surveillance of the singular offender by ubiquitous seen and unseen others (Mathiesen, 1997; Waldram, 2012).

Public discourses have the added effect of stigmatizing sexual offenders, setting them up to be ostracized from family, friends, and the greater community. Stigma serves as an informal punishment and form of social control to prevent the individual from committing future sexual offences. Although stigma was one of several motivating factors for research participants, it can potentially backfire to reinforce offending behaviours. The punitive effect of ostracism will often motivate subjects to conform and expend efforts to regain even partial social inclusion; but it can also result in feelings of frustration and powerlessness that could instigate antisocial or

aggressive actions in order to regain recognition or control over a situation (Case & Williams, 2004). Stigma presents a barrier to overcome throughout the ethical self-reformation process, but especially so in the early stages of their community (re)integration.

Paradoxical to its punishing effect, there is some evidence in this research to suggest that stigma can have some benefits to the ethical self-reformation process. Consistent with men's narratives of "hitting rock bottom," the distress of an unfulfilling, stigmatizing existence can motivate their desires for a better life and increase the salience of their future goals. Beginning with their community (re)integration, community release notifications from the state and media publicity will heighten stigma while instituting a synoptic environment where the sexual offender knows any member of the public might observe him at any time. In conjunction with their desire to not reoffend, the invisible watchful eye of the synoptic gaze reinforces offenders' motivation to continue their engagement in ethical self-reformation.

Stigma can also be a motivational force that pushes offenders to seek and work for public redemption. In Chapter 4, I demonstrated how in reaction to their stigma, sexual offenders adopt a variety of their own moral discourses and impression management strategies to make moral claims of a reformed selfhood. Men used these various narratives to convince themselves of their moral habilitation as much as they were using them to convince others of the same. The insights and self-reflections gained from the lessons and institutional morality of treatment became part of the explanatory model they would use to appeal for acceptance by others. Their narratives made claims of normality indicating that they had learned from their mistakes and were now capable of maintaining boundaries and self-control.

6.2.3 Making the Change: Agency, Will, and Motivation

In the middle of the ESR model, there is a circle that represents the agency, motivation, and will of the individual that must resolve the conflicts and expectations of institutional moralities and public moral discourses: ethical demand, stigma, and synopticism. Ethical self-reformation takes place along this interchange.

The theory of agency described in Chapter 3 is founded in the emergence of reflective self-knowledge that arises from a particularly situated context. Agency is central to personhood (Martin & Sugarman, 2003) so while we all possess an agentic capacity, not everyone acts upon it equally. Given the multiple emotional, mental, and social barriers that obstruct help-seeking behaviour, it makes sense that sexual offenders might be more motivated to avoid any association with treatment. Participant narratives revealed that, contrary to assumptions of recalcitrance, some sexual offenders were highly motivated and capable of directing their agency to their ethical self-reformation. Where some men just went along with the treatment activities, others invested themselves in every opportunity to understand their past and reform their moral selfhoods. Their individual agentic capacities were variably crafted through the institutional moralities and public moral discourses along with the support of family, friends, Circle of Support and Accountability (COSA) members, psychiatrists, and other treatment providers. Under some of these influences and in reaction to others, the meaning of their offences changed and became embedded in a newly emerging value system.

Motivation is a vital component to treatment responsivity and ethical self-reformation. Learning how an individual offender is motivated to participate in or resist treatment will help to tailor the program to his specific characteristics and psychosocial needs. Instead of viewing sexual offenders as unmotivated for treatment, it would be advantageous to reconfigure the

perspective to consider the other motivations that are competing with or hindering men's willingness to fully engage in treatment. While those men who displayed strong indications of agency in their narratives described treatment as an opportunity to get better, most participants started their treatment programs only after some form of coercion. The majority of the men from this latter group eventually came to identify with various aspects of ethical self-reformation as the program continued. Being highly motivated in treatment does not mean that the individual is intrinsically motivated. Men described little pleasure regarding their participation in treatment, but they were highly invested in their transformations and therefore viewed treatment as a means to an end. Their ethical self-reformation was guided by the desire to live the "normal life" of responsibilized subjects (Zigon, 2011). Keep in mind that these findings were derived from men who were successful in completing their treatment programs. Future research should investigate these subjective experiences with men who refuse treatment or are unable to complete their program.

Reframing motivation from how it has conventionally been theorized in responsivity research would be especially beneficial for addressing the reluctance that many Aboriginal men might experience. The unique history of Aboriginal peoples with colonization, residential schools, and structural discrimination has ruptured cultural relations so that many Aboriginal men have little to no trust of or in the criminal justice system. Further, there is a disconnect between the therapeutic modalities of traditional Aboriginal healing and mainstream, Euro-Canadian treatment programs (Waldram et al., 2008). As described by research participants, this disjuncture was lived out in treatment as an erosion of trust that inhibited treatment engagement. Even the one participant who attended a healing lodge identified the overarching bureaucratic structure of it as inhibitive of trust and traditional protocol. In this context, the appearance of

“lacking motivation” needs to be more accurately recognized as the motivation to protect oneself against an outside threat.

Will is imperative for ethical self-reformation. Part of men’s will to change was derived from the gradual subjugation to the governmentality of institutional moralities; but they had to arrive at a point where they internalized the need to commit to their transformation. The sense of ownership and goal-directedness of will to become morally habilitated were described as being derived from men’s individual motivations, and the desire to obtain their goals assisted in maintaining a focused effort (Throop, 2010). Motivation is an active form of willing; it is an orientation of directed intentionality from an agent that is channeled toward a particular course of action (Mattingly, 2010). Drawing from Iris Murdoch’s moral philosophy that uses the phrase “moral pilgrims” to situate human agents as if on a journey of moral selfhood, Mattingly places moral willing as a narrative re-envisioning of a self that is continuously evolving. Treatment combined with the normative expectations for what constitutes a desirable life seemed to provide men with images of a possible future self. Like working on the self, moral willing is part of the self-sustained transformation into a better, more resilient person. The will to change is not a one-time decision and instead requires the ongoing envisioning of one’s goals in order to consistently work on the self. Commonly, research participants identified an instigating event that solidified their position that life changes were needed. They formed a determined mindset to work on the self with the vision of a more fulfilling and crime-free life as a better person. This vision maintained their motivation as long as they did not experience any competing motivations that would inhibit their treatment engagement.

6.2.4 Moral Habilitation

Moral habilitation is the hoped for result of SOTPs as indicated in the ESR model. Ethical self-reformation and moral habilitation involve the directed manipulation of subjectivities with the aim of instilling a standard of conduct that will eventually become internalized and unreflectively enacted as an embodied morality. Entry into the criminal justice system radically alters one's subject position. The sexual offender becomes bound to multiple discourses that variably construct him as a deviant, a pathology or mental illness, a risk level, a collection of treatment needs, and a burden to society. Although treatment involves coercion and demands a loss of autonomy, it is also an opportunity to accept subjugation in hopes of eventual renewal and recommencement of a respectable life back in broader society. The compliant sexual offender is the one who accepts the temporary loss of autonomy in treatment by becoming a docile body to be molded by institutional discourses and practices (Foucault, 1975).

Institutional ethnographies of SOTPs have criticized moral habilitation and its subjugation of sexual offenders to governmentality for its limitations and potential harms (Lacombe, 2008, 2013; Waldram, 2007, 2010, 2012). The enterprise of moral habilitation that Waldram's ethnography developed involves the pathologization of offenders' life and offence narratives as instances of minimization, denial, and cognitive distortions that are replaced by an institutional narrative constructed through group processes and guided facilitation. Consequently, the men in treatment no longer connected with these confabulated stories in a therapeutically meaningful way (Waldram, 2010, 2012). Success in treatment translates into subjugation to the process and adoption of this new narrative. Similarly, Lacombe (2008, 2013) contended that the use of technologies of the self such as self-policing and the confession of deviant fantasies in treatment may construct an essentialized criminal identity whereby the offender is trained to see

himself as deviant and constantly at risk to reoffend. These two ethnographies both suggest that the institutional moralities projected in SOTPs are less about therapeutic value and psychological transformation for the offender, than they are about mechanically managing risk.

In the present research, there were some indications from participants that treatment held limited therapeutic value for them but a greater proportion subscribed to the regimen of moral habilitation by engaging in treatment discourses and describing their own experiences of self-policing. I suspect that had I observed a treatment program, I would have made observations and encountered more men that provided a critical perspective. As it was, this study recruited men who were willing to speak about their experiences and who were then asked to construct retrospective narratives of events that occurred anywhere from 30 days to ten years in the past. These circumstances are likely to have contributed to the more positive appraisal of moral habilitation in this research than in previous work (i.e. Lacombe, 2008, 2013; Waldram, 2010, 2012).

The remaking of an offender's subjectivity into a morally habilitated state entails the narrative reframing of a deviant past combined with the willful self-monitoring and hyper-vigilance of a new way of thinking and acting within their social worlds. This new subjectivity is that of the responsabilized subject who is capable of determining the consequences of his actions prior to following through on them, and who is capable of conducting his life in a manner consistent with the norms, expectations, and general morals represented within society. Moral habilitation does not occur within a social vacuum and it is essential to remember that the formation of new subjectivities must occur in a cultural milieu that denies the possibility that such changes are possible. In this context, sexual offenders frequently challenge the relevance of their treatment lessons, particularly in pro-social communication, recognizing that society itself

is “unruly” and will not reciprocate the same respect (Waldram, 2012). These tensions are manifested in the four selves of ethical self-reformation described in Chapter 5 that represent participants’ transforming subjectivities as they evolve from the first experiences of stigma and shame to self-acceptance.

6.3 Discussion and Implications

Moral regulation and governmentality are the pivotal mechanisms through which moral habilitation can occur. Moral regulation combines moral imperatives with politics and political developments: “The state appears not simply as a mechanism of repression, but also as a means by which subjectivities are constituted” (Glasbeek, 2006, p. 4). Governmentality, originally conceptualized as a function of state subjectification, now extends into civil society and the general public through moralizing discourses that collectively construct the standards for the ethical self-formation of responsibilized citizens (Dean, 1994; Hunt, 1999; Zigon, 2011). Through governmentality, individuals can be regulated and molded to conform to a particular ideal by adopting the ideologies and practices referred to as technologies of the self (Foucault, 1975, 1988; Mitchell, 1994; Rose, 1998). Technologies of the self should be thought of as ethical practices: self-surveillance, self-regulation, or any form of activity one adopts to care for oneself (Foucault, 1988). Practices of ethical self-reformation are incited through the rationally calculated strategies of moral regulation and governmentality that induce the responsibilization of subjects (Hier, 2008). Moralizing discourses are one such example of how individuals become responsibilized. Accordingly, Hier (2008) linked governmentality, moralization, and discourses of risk to the responsibilization of subjects: “It is the collective subject position or symbolic dimension of harm that functions to stimulate corrective action in the self” (p. 183).

Sexual offenders are constantly exposed to moralizing discourses but it is treatment that trains them in technologies of ethical self-reformation. The dimension of harm arising from their abject status – real and symbolic – is induced through the empathy training by having them engage in activities to identify and connect to the imagined feelings of their victims. The construction of their crime cycle and relapse prevention plans form a large part of their ethical self-reformation. Presented and routinized throughout treatment, institutional moralities instruct sexual offenders in how to perform specific technologies of the self: hyper-vigilant self-surveillance of their emotions, thoughts, behaviours, and physical surroundings to identify any situations that could potentially increase their risk to reoffend or otherwise create compromising situations such as the violation of parole conditions or Section 810 recognizance orders. The state regulates sexual offenders until they have completed their terms of parole or probation, after which, synopticism is the only means through which sexual offenders are externally regulated. By that time, the correctional system as well as society hopes these newly integrated individuals have learned to self-surveil and self-regulate their actions, a task that many capably perform despite the ongoing fear from society that their success is impossible. Those who continue to struggle with community (re)integration or self-regulation may be less resilient to a stigmatizing and unwelcoming society, or may need more time and social support than is afforded, reinforcing the sentiment that sexual offenders are incapable of change.

Ethics can be understood as techniques for self-improvement, particularly when they are deployed under a set of behaviours collectively called working on the self (Rose, 1996). Expertise is paramount to technologies of the self for it “provide[s] an objective, rational answer to the question of how one should conduct a life to ensure normality, contentment, and success” (p. 156). It is through this expertise, Rose asserts, that we are promised a means to alleviate the

distresses and psychological complexity of life in modern society so that we inhabit a better, happier life. Enterprising subjects willingly engage in technologies of the self because we are taught that they will improve our lives. Unfortunately, the promise of expertise falls apart for most of us as we internalize high expectations for a happy life free of suffering.

Men convicted as sexual offenders are even further distanced from the fulfillment of this promise because their stigma follows them in society, chipping away at the edges of their hopes and desires. The claims of expertise to offer normality, contentment, and success may never be possible for some past offenders since their ability to be normal in society is already circumscribed. Todd, a homosexual pedophile of limited intellectual capacity, will never be normal or successful by society's terms. He was motivated to engage in ethical self-reformation so that he could be respected and liked by others in his social group, an experience that was still relatively new for him. Unfortunately, his disability will severely limit the degree to which he can participate in "normal" society (Desjardins, 1999). Tanner, a man with several offences against children, had been able to cease his offending patterns but also accepted that he will forever need to manage his proclivities through the avoidance of children. Kevin too viewed his sexual deviance as a lifelong management project. Technologies of the self encourage enterprising individuals to turn their lives into "projects" of ongoing work on their emotional and relational lives (Rose, 1996). These activities may very well "maximize the worth of existence" (p. 157) for individual sexual offenders but not the worth of their existence as seen by many others. However, most of the men in this research surrendered to the idea that they might never be accepted by other people, and found solace in those family members and friends who did accept and support them. The narrative strategies they developed to deal with their abjection gave them the confidence to continue on their path to moral habilitation while the passage of

time dissolved the salience of their labels. Generally, the Developing and Tautological Selves tended to describe the self-concepts of participants who already had several years to readjust to community life with a hidden but stigmatized label. The other participants, for whom their crimes were more recent, displayed a stronger tendency to experience the Abject and Confused forms of selfhood.

Stigma is both a beneficial and detrimental force in moral habilitation that depends on a number of factors. It has the benefit of presenting sexual offenders with an incentive to get treatment once they have been convicted of their crimes. Fear of the stigma that an offender might face if the state determines that his risk level requires a public notification upon his eventual release is a strong motivator for treatment participation. Sexual offenders can also be convinced to attend treatment programs so that their risk and security levels might be reduced. Self-stigma or personal distress compelled some research participants to seek answers as to why they committed their crimes. Some men saw treatment as a source of help so that they could overcome the problems they had long known about or those of which they had just learned.

Conversely, the negative aspect of stigma prevented men who may have wanted to resolve their problems from coming forward and seeking help. To seek help for pedophilia or some other problem would put them at high risk for stigmatization and criminal conviction. There are no rewards for coming forward with sexual deviancy in society. Likewise, “There’s no reward for being honest.... There’s just suspicion” (Shane) for disclosing one’s past to people. The other and more obviously detrimental aspect of stigma is that it significantly hinders past sexual offenders to integrate into community life, thus risking possible emotional destabilization and reoffence. Stigma prevents men from finding adequate housing, employment, and friends. As much as moral habilitation is about the normalization of the responsabilized subject, it is very

difficult for sexual offenders to have a normal life while attempting to integrate back into community life.

The positive and negative aspects of stigma may contribute to strategic reintegrative shaming, given that the individual has access to sufficient social supports. Reintegrative shaming involves addressing the negative behaviour while providing a welcoming space for the person so that he could have positive, supportive influences to help him refrain from relapses of criminal activity (Braithwaite, 1989; Yantzi, 1998). My experiences with participants who were core members of a Circle of Support and Accountability (COSA) were prime evidence substantiating the importance of social supports during community (re)integration. The social support network of the COSAs provided members with a safe space where they could talk freely about their struggles, concerns, and successes, something that was not possible when having to hide one's label from others. Research on COSAs has demonstrated the success of this approach (Cesaroni, 2001; Wilson, Cortoni, & McWhinnie, 2009; Wilson, Picheca, & Prinzo, 2007). The participants who were core members of a COSA spoke the most highly of the positive changes that they had instituted in their lives and the resounding improvements to their wellbeing that followed.

In many ways, the moral habilitation of sexual offenders can be compared to post-traumatic growth. It may seem counterintuitive to consider perpetrators of crime as being traumatized by their own actions, yet in a manner of speaking this does appear to occur. The public humiliation, imprisonment, physical attacks, and isolation would be a highly distressing experience, even if well deserved. Tedeschi and Calhoun (1995) identified several principles to describe when growth is possible following trauma. One principle closely connected to this research states that growth can occur when the trauma occupies a central place within one's life narrative. The disruption caused by the trauma is evidenced by discourses identifying a "before"

and “after” in the person’s life; in this case, sexual offenders frequently used these terms or spoke of an “old me” as compared to a “new me.” A second principle declares that wisdom comes from growth. A common outcome from treatment was enhanced self-knowledge and capacity for self-reflection. Their third principle is linked to the stigmatized and abjecting reactions from others that sexual offenders encounter. This principle indicates that for post-traumatic growth to occur, the individual must have some form of positive evaluation for the present and the future (Tedeschi & Calhoun, 1995). There needs to be some hope for improvement in oneself and his environment, which is why it is so important for treatment to build up men’s self-esteem and to reinforce sexual offenders as good people who did bad things, and give them confidence to learn how to not repeat the same mistakes. Community responses are not so supportive unfortunately. Stigma, along with perceptions of unchangeable deviance, contributes to the disintegrative shaming of treated sexual offenders that further reduces opportunities for successful community (re)integration (Robbers, 2009).

6.3.1 Implications for Practice

Of the many observations and conclusions made during the course of this research, some have direct implications for treatment. There has been debate in forensic psychology regarding the benefits and disadvantages of manualization in SOTPs (Hollin, 2009; Mann, 2009; Marshall, 2009). Manualization refers to the practice of following a detailed, pre-determined treatment agenda that standardizes program content for all participants (Mann, 2009). Where the use of treatment manuals is beneficial for maintaining focus on criminogenic needs, evaluability, and ensuring treatment integrity (Mann, 2009), manualization also limits therapeutic freedom, innovation, and sensitivity, and it prevents the individualization of treatment (Marshall, 2009). The structure and premise of cognitive behavioural therapy and manualization requires that

sexual offenders' communication styles conform to a discursive paradigm that effectively limits their autonomy; but outside of treatment sessions, sexual offenders have been observed to shift back into narrative, suggesting that the incorporation of the narrative mode of discourse into treatment may be a more effective approach to working with offenders (Waldram, 2007, 2008, 2010, 2012).

From the descriptions most participants in this research provided, their experiences of treatment involved a manualized approach in a group context with access to forensic nurses for one-on-one interactions, which is typical of the current pattern of SOTPs. Depending on time and budget constraints, individualized access to a nurse may be rather limited, which means that treatment participants are not given much assistance with other concerns. Participants with histories of sexual abuse indicated that they did not receive any form of treatment or counseling, even though they constructed these concerns as indirectly related to their offences. Danny, for example, was quite upset that he could not get help for his childhood experiences of abuse because they were deemed outside the purpose of treatment. Further individualization of treatment that works within offenders' narratives, instead of opposing and restructuring them, seems warranted for it may very well strengthen the therapeutic alliance and enhance responsivity, thereby improving treatment outcomes.

The current conceptualization of responsivity as a series of categorical variables that can hinder or facilitate an individual's receptivity to a treatment program needs to be further developed to incorporate the "consumer's" perspective. This research expands the understanding of treatment responsivity by advocating for a more individualized approach and for the reframing of what is usually perceived of as a "lack of motivation." Motivation to engage in treatment comes from many sources but competing motivators may be stronger, particularly for Aboriginal

men who may hold little trust in the criminal justice system and are inhibited by the treatment modality. It may be much more advantageous to view the perceived lack of motivation as a form of resistance.

Men consistently directed their resistance toward stigmatizing discourses and to a lesser degree, institutional practices. In terms of implications for praxis, resistance offers us a different way to consider the institutional and treatment practices participants considered unhelpful or even limiting their individual treatment goals. Resistance that is directed toward treatment is generally pathologized as some defect of the offender and his motivation, but these instances are better understood as indications of individual agency, and perhaps more importantly, as a ‘diagnostic of power’ that calls attention to different forms of institutional domination and the construction of subjectivities (Abu-Lughod, 1990). Reframing resistance in this manner prohibits it from being translated into a weak will or a lack of motivation to improve oneself. As a diagnostic of power, resistance can be seen in many instances as an indicator of inappropriate or less effective treatment practices that may be due to cultural difference, or even more likely, the unique needs of individual offenders. Reframing resistance in this manner would have the added benefit of accounting for ethnicity and culture in a way that does not homogenize Aboriginal offenders as a universal group with identical backgrounds and needs. An individualized approach to treatment layered with the already proven manualized practice might be more capable of addressing the unique responsivity needs that are self-identified by program participants.

6.3.2 Recommendations

One of the purposes of this research was to conduct a cultural analysis that would expand our knowledge of factors contributing to treatment responsivity for sexual offenders. To this end, several recommendations can be made. Most, but not all, of these recommendations are

consistent with the humanistic approach advocated in the Good Lives Model (GLM) of offender (re)habilitation (Ward et al., 2007). The Risk-Need-Responsivity (RNR) model already incorporates many of the practices advocated by the GLM but in a manner that places them secondary to criminogenic needs (Andrews et al., 2011). The rationale for this prioritization is sound but impedes the capacity of SOTPs to be even more effective than they are currently. This research demonstrates that therapeutic alliance is still problematic, as is the confrontational approach for men who are more sensitive to the risk of potential psychological vulnerability.

Improving treatment responsivity may first be facilitated by enabling more opportunities for individualized therapy to address the whole person, in particular, the self-identified concerns of the offender that extend beyond institutionally-defined criminogenic needs. This change should consider the broader life histories and goals of offenders to address past traumas and mobilize achievable goals for a desired future. The neglect of trauma related to childhood abuse as related by some participants would appear to go against ethical practice and furthermore, sustain an environment of culturally unsafe practices, particularly for Aboriginal men. Cultural safety needs to be placed on the forefront so that offenders who have been victimized as children are given sufficient opportunity to be treated as victims, while being treated as perpetrators. Individualized access to treatment should include the ability to have a choice of therapist and therapeutic modality. For example, individuals may respond better to narrative or interpersonal styles of therapy, or to regular access to Aboriginal Elders and other forms of traditional Aboriginal healing. Moreover, it is possible that omitting a humanistic perspective in treatment subtly continues the dehumanization of sexual offenders since their lives are fragmented into targets for manipulation, rather than being considered as part of an integrated whole person. A more holistic and individualized approach that is undergirded by humanist principles may

improve offender “buy-in” to treatment programs as long as specific consideration is given to therapeutic alliance and reasonable limits to confidentiality.

Second, motivation must be more broadly defined to recognize that the appearance of lacking motivation may be deceptive because there could be other invisible and competing motivations that are affecting the offender and detracting from treatment responsivity. Self-protection from correctional practices or activities that are perceived as making one more vulnerable is a powerful motivation to resist treatment. Structures and practices should be evaluated and adapted to minimize competing motivations.

The third area of recommendations revolves around program content. This research suggests that individuals who rely on a central fixed identity for their self-concepts may be less resilient to the intense stigma of becoming labeled. Consequently, it might be beneficial to encourage the development of multiple positive identities in treatment so that offenders have stronger self-concepts and self-esteem to cope with the stigmatized identity. Research participants frequently invoked a narrative based upon the theme that they had, “no choice but to change.” This discourse was associated with the realization that improving their situations required honest self-appraisal and the taking of ownership for their problems and the solutions. SOTPs already emphasize the acceptance of responsibility for one’s offences but it may be valuable for them to foster, if they do not already, this sense of ownership and commitment to a better future. Similarly, those individuals who described the most agentic behaviour toward their moral habilitation also indicated an adherence to developmental, lifespan approach to their growth and wellbeing. Likewise, it could be beneficial to promote such a development perspective in treatment so that offenders are encouraged to envision a long-range life plan.

6.4 Conclusion

The moral habilitation of sexual offenders is anything but straightforward. Forensic psychology has made exceptional strides in assessing sexual offenders' treatment needs and outcomes along with best practices (Andrews & Bonta, 2006; Mann, 2004; Wormith et al., 2007) but other disciplines have made major contributions as well. Criminology and sociology have increased knowledge regarding different paradigms and models of correctional practice and how each affects the treatment and community (re)integration of sexual offenders (Bottoms, 1995; Farkas & Stichman, 2002; Lacombe, 2008, 2013; Petrunik, 2002, 2003; Pratt, 2000; Presser & Gunnison, 1999; Thomas, 2003; Zevitz & Farkas, 2000). Anthropological work has introduced a much-needed cultural analysis of the mediated environment (Lancaster, 2011) and treatment programs (Waldram, 1997, 2007, 2008ab, 2012). The application of morality and moral concepts to research on sexual offenders and offending behaviours has been undertaken (i.e. Fox, 2013; Lancaster, 2011; Valliant, Gauthier, Pottier, & Kosmyna, 2000; Waldram, 2009; Ward, Gannon, & Birgden, 2007), but this research represents the first instance of placing the treatment and community (re)integration of sexual offenders within a moral-sociocultural framework.

Sexual offending and treatment by their very nature are highly charged moral concerns that induce a sense of volatile urgency to protect and prevent victimization, and yet research on the moral aspects of sexual offender treatment and its outcomes has been disparate and patchwork. The Ethical Self-Reformation model is an interdisciplinary framework of sexual offender moral habilitation that combines the insights from psychology, anthropology, criminology, and sociology with the emic of the men who are the consumers and stakeholders of SOTPs. This model breaks down the process of moral habilitation while identifying the many variables that influence it. Some of these variables have been under-theorized for their effects

upon ethical self-reformation and moral habilitation, but stigma has been particularly neglected. Although detrimental to psychological wellbeing, stigma is both a form of moral regulation and informal social control that appears to be in some ways beneficial to ethical self-reformation.

As demonstrated through the course of this research, not all men will achieve the state of the new embodied morality promoted in treatment, at least not immediately. Others will have to engage in the continuous and intentional self-surveillance that is the accepted new way of being for the morally habilitated subject, but is still short of automatic embodied morality. Others still may not identify with the need for moral habilitation, adhering to the prescribed self-surveillance only because there is the synoptic risk that others may observe them engaging in unapproved behaviours. Self-regulation is a consistent outcome of treatment, but moral habilitation requires strength of will, combined with continuous effort, over a sustained period of time.

Contrary to some public perceptions, the moral habilitation of sexual offenders is possible. While some men may have to engage in a lifelong process of managing their thoughts and behaviours, much like those with various addictions, the majority of offenders are able to learn from their experiences of criminalization and treatment to never offend again. The combination of public stigmatization, state coercion, ethical self-reformation, and a supportive but challenging social network can work together with a determined individual to make substantive life changes, and increase the chances of successful moral habilitation and community (re)integration.

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Appendix A: Interview Guide

Part A: Situating information

1. Were you sentenced under the provincial or federal system?
2. Have you been convicted of only the one sexual offence or are there others? What sentence(s) did you receive for the sexual offence(s)? How much of your sentence(s) did you serve/complete?
3. Did the province place a Section 810 recognizance order on you? What were the conditions of it?
4. Have you been through a treatment program for sexual offenders? When and what kind of program(s) was it?

Part B: Treatment experience

1. Can you tell me about your experience first attending your (treatment) program? What were your impressions of it? What did it feel like to walk through the door into the group that very first day?
2. Did you feel different about the program when you had completed it? Why?
3. What are the most important things that you learned from treatment? Can you tell me about a time when you used this lesson in your day to day life? (Prompt for examples for each identified lesson). What were you thinking at the time? How did this experience feel?
4. Can you tell me about a time when you disagreed with something that happened in the program? What did you do? How did others react?
5. Do you think that the events that led up to your conviction could have been somehow prevented? How so?
6. If you knew then what you know now after taking this program, how might the events leading up to your conviction be different?
7. Do you think treatment works? Why or why not?
8. Is there anything you want to add about how treatment has or has not be helpful to you in your day to day life?
9. Are there any other important positive or negative experiences that you've had in this program that you want to tell me about? What about positive/negative (choose opposite to previous) experiences?

Part C: Community experience

1. What is it like for you to live in the community as someone who has been convicted of a sexual offence?
2. Is your life different now that you have this conviction? Can you describe to me how it is different? Do you have any examples of when you have needed to do things differently than you did before?
3. Has there been any publicity around you or the crime you were convicted of? Can you tell me what happened? How did people react to you? How did you react?
4. What kinds of things are you afraid of or anxious about? Can you give examples of how these feelings have affected your life? What kinds of things have you done to cope with your fears and anxieties?
5. Can you tell me about an experience you have had in the community because someone found out about your conviction? How did you react? What were you thinking and feeling at the time?
6. Do you try to prevent people from finding out about your conviction? Can you give specific examples of the kinds of things you do?
7. Can you tell me about a time when you decided to tell someone about your conviction? How or why did you decide to tell that person?
8. Can you tell me about a time or two when you were treated differently by family or friends because of your conviction? What were you thinking and feeling then?
9. Are there other people in your community who know about your conviction? What kinds of reactions have you had from them?
10. Do you tell people about being in treatment? Can you give me some examples of how people react to hearing about your treatment? Do you think it matters to people if you have been in treatment or not? Why?
11. Have there been times when things you learned in treatment helped you to deal with people in the community? Can you tell me about them?
12. Are there any other positive or negative experiences that you've had with people who know about your conviction that you want to tell me about? What about positive/negative (choose opposite to previous) experiences?

Part D: Experience of identity and self-concept

1. How would you answer this question: Who are you? How do you see yourself? Did your conviction change how you viewed or felt about yourself as a person? Can you tell me how or give me an example? Why do you think that is?
2. How do you think family and friends see you? (i.e. How would they describe you)?
3. What is your impression of how society might see you? What does it mean to have the label of "sex offender" assigned to you? How has this label affected who you are as a person? (i.e. do you feel differently about yourself?) Can you give me some examples?
4. What kinds of messages do people get about sex offenders? What do you think about these messages? Do these messages make you feel different about yourself? Can you give me an example of how they do that?
5. Can you describe to me the kind of person you want to be in the future? How is that different from the person you are now?
6. Do you feel like you've changed from the person you were before your conviction? In what ways? Examples? What affect has this change had upon how you view your life?
7. Was there a moment in your life that you decided to change or did it just sort of happen? What was it that motivated you to make that change? Can you tell me about that time?
8. What does it mean to be a good person? Do you see yourself as a good person? What kinds of things do you do that make you a good person?
10. Can you tell me about a time when you refused to let someone or something make you feel that you were not a good person? What kinds of things were you thinking and feeling at the time?
11. How easy or difficult is it for you put these events in your life behind you? Why? Examples?
12. Is there anything else you feel is important to add before we finish?

Appendix C: Organizational Consent for Gatekeepers



Organizational Consent to Conduct Research

The purpose of this form is to gain the consent of your organization to allow the researcher to conduct a portion of her dissertation research activities for the study entitled, “Discourse, agency, and self in the community treatment and integration of sex offenders.”

Researcher(s): Janice Victor (Researcher), Dept. of Psychology, University of Saskatchewan (306)966-1841 (office), (306)381-6980 (cell), email: janice.victor@usask.ca
James Waldram (Supervisor), Dept. of Psychology, University of Saskatchewan (306)966-1670, email: j.waldram@usask.ca

Purpose and Procedure: The purpose of this study is to understand the treatment and community experiences of men who have been convicted of a sexual offence. It seeks to learn about what it is like to take part in a community-based sex offender treatment program and how men may be using their treatment lessons in the community. This research also seeks to understand the difficulties that may come from experiences with government legislation, policies, and practices, from community organizations, and from the stigma of being labelled a “sex offender.”

This study will ask to interview men who have in the past or are currently participating in sex offender treatment. All participants must be living in the community. Participants may be interviewed up to three times and each interview may last up to two hours in length. The researcher will ask questions about participants’ experiences in a community-based treatment group and/or their experiences of integrating in the community following the receipt of a conviction for a sexual offence. Specific details regarding the sexual offence(s) will not be solicited.

Potential Benefits: This research is important because it will help us to understand the effects of state legislation or policies and the community environment on the personal development of men who have participated in a community-based sex offender treatment program. It will also help us to identify “best practices” and learn in what ways treatment is being used in the community environment.

Researcher Responsibilities: The researcher will assume full responsibility for ensuring that the research is conducted according to the ethical guidelines established by the Tri-Council Policy Statement and the University of Saskatchewan Behavioural Research Ethics Board. The researcher will endeavour to meet all ethical and procedural requirements of the supporting organization to the greatest degree feasible. The researcher agrees to maintain the confidentiality and anonymity of the organization’s clientele to the professional and ethical standards agreed upon by the University of Saskatchewan Research Ethics Board.

Organization Responsibilities: Through this consent, _____ agrees to support the researcher's activities by identifying potential participants and providing them with information about the study. Additional resources such as private interviewing space are subject to negotiation. Any support for this research is greatly appreciated but if your organization must withdraw its assistance, the researcher will respect that decision with due explanation.

Feedback: The results from this research will be used mostly for academic publications and reports to professional associations and conferences. As a representative of a recruiting organization, you and your organization will be provided with a summary of the research findings approximately one year following the data generation. If you have any questions concerning the research project or its findings, you may contact the researcher at the numbers provided.

This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on October 27, 2008. Any questions regarding the ethical approval of this researcher may be addressed to that committee through the Ethics Office (966-2084).

Consent to Support Research Activities:

I have read and understood the research procedures as outlined in the University of Saskatchewan Behavioural Research Ethics Board "Application for Ethical Approval." I have had an opportunity to ask questions and have them answered to my satisfaction. I consent to allow these research activities to occur through my organization, understanding that I may withdraw my consent at any time. Copies of the Application for Ethical Approval and this Consent Form have been given to me for my records.

(Name of Manager)

(Organization)

(Signature of Manager)

(Signature of Researcher)

(Date)

Appendix D: Participant Invitation Letters

Culture & Human Development Program
Department of Psychology
University of Saskatchewan
9 Campus Drive
Saskatoon, SK
S7N 5A5

Re: Letter of Invitation to Participate in Research

Dear Sir:

In order to protect your privacy, I have requested that the <insert agency name> forward this letter to you on my behalf. I am conducting a research study to learn more about the community experiences of men after they have been convicted of a sexually-based crime. For example, some of the things that I would like to know about are your experiences of:

- Attending a sex offender treatment program
- Sex offender legislation such as community notification
- Correctional practices and policies
- Dealing with people in the community who know about your conviction
- Moving on with your life after a criminal conviction

If you have been convicted of a sexual offence, are living in the community, and are willing to talk about some of the experiences you have had since then, I would like to hear from you. After meeting with the researcher, you may decide to participate or not. The actual research will not begin until you are informed of and are comfortable with what it will involve. Participating in this study will involve your agreement to be interviewed alone by the researcher one or more times. Interviews may last one or two hours. It is important to note that you will not be asked any details about the offence you were convicted of and you will not have to answer any questions that you are not comfortable with. You will receive a small honorarium for your participation as a token of appreciation from the researcher.

This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on October 27, 2008. Any questions regarding your rights as a participant may be addressed to that committee through the University Ethics Office (306)966-2084. Out of town participants may call collect.

If you are interested in learning more about this research study, please contact Janice Victor at (306)381-6980 or janice.victor@usask.ca and more details will be provided.

Thank you for your consideration,

Janice Victor
Primary Researcher
(306)966-1841 (office)
(306)381-6980 (cell)
janice.victor@usask.ca

James Waldram
Research Supervisor
(306)966-6170
j.waldram@usask.ca

Appendix E: Letter of Informed Consent



Consent Form (Individual Interviews)

You are invited to take part in a research project entitled “Experiences of Community-based Sex Offender Treatment and Community Integration.” Please read this form carefully and feel free to ask questions you might have.

Researcher: Janice Victor (Researcher), Department of Psychology, University of Saskatchewan
(306)966-1841 (office), (306)381-6980 (cell), email: janice.victor@usask.ca .
James Waldram (Supervisor), Department of Psychology, University of Saskatchewan
(306)966-1670, email: j.waldram@usask.ca

Purpose and Procedure: The purpose of this study is to understand the treatment and community experiences of men who have been convicted of a sexual offence. It seeks to learn about what it is like to take part in a community-based sex offender treatment program and how men may be using their treatment lessons in the community. This research also seeks to understand the difficulties that may come from government legislation, policies, and practices, from community organizations, and from the stigma of being labelled a “sex offender.”

This study will involve participating in one or more individual interviews that may last up to two hours in length. The researcher will ask you questions about your experiences in a community-based treatment group and/or your experiences of integrating in the community following the receipt of a conviction for a sexual offence. The researcher will not ask you for any details regarding the offence you were convicted of. All interviews will be audio recorded but you may request that the audio recorder be turned off at any time. You may be interviewed up to three times if you so choose. Only if you agree, the researcher may ask to examine your case file or summary report to compare your caseworker’s perspective with that of your own.

Potential Benefits: There is no guarantee that you will personally benefit from your involvement in this study. This study may be able to benefit society by improving community-based sex offender treatment and community management practices. This research is important because it will help us to understand the effects of state legislation or policies and the community environment on the personal development of men who have participated in a community-based sex offender treatment program. It will also help us to learn in what ways treatment is being used in the community environment. You will receive a small honorarium from the researcher as a token of appreciation.

Potential Risks: Participating in this research may only present very minimal risk given the precautions the researcher will take to protect your confidentiality and anonymity. There is a possibility however that in the unlikely situation where the researcher’s files are stolen, your confidentiality and anonymity may be compromised. There is also a slight risk that you may experience negative emotions or psychological effects due to the recalling of past events. Should this occur, you are advised to raise these concerns with your current treatment provider.

Storage of Data: All data and identifying information collected by the researcher including audio recordings, interview transcripts, and fieldnotes will be stored in a filing cabinet or on a password protected computer in a locked office on University premises. Only the researcher and her supervisor will

have access to these data. Participants' contact information will be stored on a separate password protected computer so that it can not be associated with the data or any other aspect of the study. Data will be stored by the researcher for a minimum of five years. Once the data is no longer useful, it will be destroyed in a manner that will leave it beyond recovery.

Confidentiality: The researcher will protect the confidentiality of the information you share to the greatest degree possible. You will be asked to not use names, locations, or other specific details that may identify yourself or others during your interview(s). Identifying details will be omitted from interview transcripts. Participants will be identified only by a random case number created by the researcher. The information from this part of the study will be summarized and reported anonymously in aggregate so your information and statements will be combined with that of other participants. Direct quotations may be used but pseudonyms will be created and identifying information will be omitted or modified to protect your identity.

The information that you share will not be discussed with anyone other than the researcher's supervisor. However, if you reveal information that suggests you present immediate harm to yourself or others, the researcher is legally obligated to inform authorities. If you provide details about activities that may be illegal or incriminating to yourself or others, this information could be subpoenaed by a court of law.

Right to Withdraw: Your participation is voluntary and you can choose to answer only those questions that you are comfortable with answering. You can withdraw from the study at any time, for any reason, without penalty, and without loss of your honorarium. Your withdrawal will not affect your standing in any group or individual treatment that you may be participating in. If you withdraw from this research, any data that you have contributed will be retained by the researcher. This data will be used for analysis purposes only and will not appear in the published findings in any identifiable way including as quotations. If interviewed more than once, the researcher will advise you of any new information that could have a bearing on your decision to participate and she will invite your feedback and ongoing consent prior to and following each interview.

Feedback or Follow-Up: The results from this research will be used mostly for academic publications and reports to professional associations and conferences. Brief summaries of the research findings will be provided to participants, community organizations, and other professionals who assisted in this research approximately one year following the data generation. If you have any questions concerning the research project or its findings, you may contact the researcher at the numbers provided.

This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on October 27, 2008. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect.

Oral Consent to Participate: I have read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it. The participant has been provided with an unsigned copy of this form to keep.

_____ Date

_____ Signature of Researcher

Case number: _____